



JPRS Report

Epidemiology

AIDS

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Epidemiology AIDS

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12 November 1991

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

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CAMEROON

Progress of Anti-AIDS Campaign Assessed

91WE0532A Yaounde CAMEROON TRIBUNE
in English 17 Jul 91 p 8

[Article by Peter M. Ndumbe, Deputy Director of the Institute of Medical Research and the Study of Medicinal Plants. He is also a Senior immunology in CUSS: "AIDS Activities in Cameroon"]

[Excerpts] [Passage omitted] Cameroon was one of the first countries in Africa to develop a national AIDS programme. Our efforts started in 1986 with the elaboration of a short term plan of action which lasted one year. The object of the plan of action was to assess the HIV/AIDS situation in Cameroon. In 1987, a National AIDS Committee was formed. With the help of the World Health Organization (WHO), a five year medium term plan for the control of AIDS was started in 1988/89. An AIDS Control Service went into operation in 1989. This service was supported by five ad-hoc sub-committees of the National AIDS Committee. They were the Epidemiology sub-committee, the Health Education sub-committee, the Clinical Services sub-committee, the Laboratory Services sub-committee and the Research sub-Committee. We will discuss the activities of the National AIDS Committee with reference to its sub-committees.

The first studies on infection with the human immunodeficiency virus in Cameroon were conducted in 1986/87. At that time, the overall seroprevalence (i.e. persons who had been exposed to the virus), was less than 0.1 percent. Certain categories of persons such as prostitutes had higher prevalence than the rest of the population (between 4 to 7 percent). These findings confirmed the assumption that the main method of spread of the disease was by the sexual route. As in other parts of Africa, HIV infection was higher in the urban areas. An unexplained high seroprevalence in the South of Cameroon was noted.

As of April 1991, the overall seroprevalence is about 1 percent (i.e. one out of every 100 Cameroonians has been in contact with the HIV virus). This figure is about 10 percent in prostitutes, 4 percent in people who attend venereal disease clinics, and about 3 percent in patients with tuberculosis. The rate in pregnant women appears to be about the same as in the general population, if not higher.

About 429 cases of AIDS have been seen since 1985 of which 211 are men, and 218 women—177 of these patients have died.

These estimates are probably lower than the true situation, which may be two to three times higher.

Information, education and communication have been very well developed. Posters, radio messages and pamphlets have been made to inform people about the means

of spread of the virus and how to prevent this. Safe sexual practices (use of condoms, reduction of partners) have been encouraged. Programmes to reduce spread by sex have been made for prostitutes and adolescents.

Although, there are indications that many people have heard and acted on these messages, there are a lot more who have not changed their risk behaviours. Some people still believe that infection is associated with poverty and lack of hygiene. This is not true.

We have attempted to document the common complaints and findings among our AIDS patients. Although zidovudine (AZT) is marketed in Cameroon it is very expensive. Very few people can afford it.

The laboratory service have been expanded in the country. At least one technician per division has been trained in testing for HIV infection. Most hospitals that carry out blood transfusion have their blood tested before use. Confirmation of infection is done only in about four of five centers nationwide.

A condom testing laboratory has been set-up to control the quality of condoms sold in Cameroon.

[Passage omitted]

Sixteen AIDS Cases Confirmed in South

91WE0539A Yaounde CAMEROON TRIBUNE
in French 17 Jul 91 p 15

[Article by Matip Timohee: "Intensification of the Struggle Against AIDS"]

[Text] CAMNEWS, Ocean—It is no longer a secret to anyone: Cameroon has now declared several hundred cases of AIDS to the WHO (World Health Organization). In South Province 24 persons suspected of having the disease have been tested, and 16 cases have been positively confirmed. These revelations were made by Dr. Banemeg during a departmental seminar on AIDS recently held in the meeting hall of the City of Kribi. Organized by the Ministry of Health, this seminar brought together delegates from the five districts of the department. Doctor Banemeg, the provincial delegate for health in South Province, presided over the seminar, whose meetings covered such subjects as: the epidemiology and statistics of AIDS, clinical aspects of AIDS, and a summary of the activities carried out by the departmental committee for the fight against AIDS.

Right now prevention is the only means of halting the spread of AIDS. Therefore, it is important that the leaders involved in the fight against AIDS should themselves be informed, be aware of the situation, and be convinced of the correctness of this approach. In view of the decentralization of the fight against AIDS, which we can see at present, each person at his or her own level must make his or her own contribution to the mobilization of the people and convince them to adopt a pattern of behavior which favors maintaining good health, the

only way at the moment which can make it possible to halt the development of this disease.

Latest AIDS Statistics Made Public

AB2510080091 Yaounde CRTV Radio Network in French 1900 GMT 23 Oct 91

[Text] The latest statistics on the AIDS epidemic in Cameroon were made public this morning. Six hundred and fifty cases have been recorded with 177 deaths. That is an increase of 221 new cases in the last four months. These figures, recorded on 30 September, were officially reported to the WHO by Health Minister Joseph Mbede.

As for seropositives, they are currently 1 percent of the Cameroonian population, that is, over 110,000 carriers of the mortal virus. This, unfortunately, makes room for a large number of new AIDS cases in the coming days.

KENYA

Trans Zoia Hospital Finds 89 Positive for AIDS

91WE0538B Nairobi DAILY NATION in English 15 Aug 91 p 3

[Article by NATION Correspondent: "89 Test Positive for the AIDS Virus"]

[Text] Of 252 patients tested for HIV at the Trans Nzoia District General Hospital between January and July this year, 89 cases were found to be positive, an AIDS seminar has been told.

The hospital's Dr. Joseph Ngereka told the participants that, in the same period, 21 blood donors tested HIV-positive in a total of 668 cases.

He said that in 1990, 39 people were confirmed to have the virus.

He told people who may have had sexual relations with suspected AIDS sufferers to go to the hospital for testing and counselling.

Dr. Ngereka urged married couples to maintain high moral standards to avoid contracting the killer disease.

He said that to curb the spread of the disease, people needed to be enlightened on the dangers of contracting AIDS.

Closing the two-day seminar, which was held at a Kitale hotel, the local District Development Officer, Mr. Andrew Kassam, blamed men for spreading the disease, saying they should change their sexual habits.

He told the youth to take the disease seriously as some of them "think it is just a myth."

The seminar, whose theme was "To curb the spread of AIDS," was attended by more than 50 participants who included chiefs, councillors and journalists.

Kitale Hospital Finds 110 Positive for AIDS

91WE0538C Nairobi THE KENYA TIMES in English 15 Aug 91 p 4

[Article: "Positive AIDS Tests Shoot Up at Hospital"]

[Excerpt] Over 110 patients and blood samples have been tested positive for AIDS at Kitale Hospital this year, a hospital official announced.

Only 65 tested positive at the hospital last year, he said.

The officer in charge of AIDS cases at the hospital, Dr. Joseph Ngeresa, said the positive tests were drawn from sexually transmitted diseases (STDs) patients and from samples of donor blood.

Dr. Ngeresa said out of 252 patients who were treated at the hospital for STDs between January and July this year, 89 tested positive. Twenty-one out of 668 donor blood samples tested positive.

The doctor said this when he addressed a two-day seminar on AIDS which was attended by leaders from Trans Nzoia District at a Kitale hotel.

He noted that the district had registered only 65 cases of AIDS last year, saying that the number had tremendously increased.

[Passage omitted]

Physician Reveals 663 AIDS Cases in Eastern Province

EA1509153091 Nairobi Kenya Broadcasting Corporation Network in English 0400 GMT 15 Sep 91

[Text] There are 663 reported AIDS cases in Eastern Province, over 200 of them in Embu District. The provincial physician at the Embu General Hospital, Dr. Francis Kimani disclosed this when he addressed health workers at an AIDS seminar in Embu town. Dr. Kimani noted that through open discussion health workers will succeed in turning the shock of the disease among wananchi [citizens] into an organized war against it. He also noted that AIDS patients, like any other patients, should be cared for with love by family members and the general public.

Medical Services Director Refutes AIDS Figures

EA1810114591 Nairobi KNA in English 1932 GMT 17 Oct 91

[Text] Nairobi, 17 Oct (KNA)—The Director of Medical Services (DMS) Professor Joseph Oliech said today that present Acquired Immune Deficiency Syndrome (AIDS) cumulative cases in Kenya stood at 19,000 while the number of people with HIV infection was 200,000. Prof. Oliech was reacting in a wake of an alarmist figure published in one of the local dailies to the effect that there were 700,000 cases of people infected with HIV.

The DMS refuted the figure and said that Kenya was the leading [country] in Africa in the programme of controlling AIDS and the government as in many ways collected accurate data about AIDS situation in the country. [sentence as received] Prof. Oliech was addressing a press conference in his office today to give an as up-to-date figures and statistics of the dreaded disease, AIDS. [sentence as received]

He noted that AIDS figures were a sensitive issue and if mishandled or inaccurately made public would have adverse negative effects on the economy of the country. Prof. Oliech advised public officers to consult his office for accurate figures on AIDS cases before they announce them to members of the press or public. Estimates, said Prof. Oliech, are dangerous and more so if they are an over estimation of cases of AIDS.

The professor admitted that the present official figure could not be very accurate because some AIDS cases go unnoticed because death certificates do not indicate those who have died of AIDS.

He said that despite a very vigorous campaign by the National AIDS Control Committee, AIDS cases continued to rise year after year. He said that from 26 reported cases in 1985, the figure has risen to 6,851 reported cases in 1990 giving a cumulative figure of 19,000 cases to date. The medical boss said that Kenya has very modern and effective blood screening machines which have given a 100 percent efficiency to AIDS screening in donated blood before being used in transfusions.

Prof. Oliech said that Kenya has given up-to-date figures to the World Health Organisation unlike some countries which have given very low figures whereas it was known they have very high level of AIDS cases.

Report of 700,000 With AIDS Virus

*EA1710134091 Nairobi KTN Television in English
0500 GMT 17 Oct 91*

[From the press review]

[Text] The attention of MPs was drawn to the staggering figure of 700,000 Kenyans carrying the AIDS virus by an assistant minister for information and broadcasting, Shariff Nassir, in the house yesterday. The DAILY NATION has the story on its front page. It is also carried by the KENYA TIMES and the STANDARD.

MOZAMBIQUE

Data Show AIDS Increasing Among Women

*91WE0513B Maputo NOTICIAS in Portuguese
3 Aug 91 p 4*

[Excerpt] [Passage omitted] The most recent epidemiological data, released this week, indicate that HIV infection is increasing alarmingly among women. According to the data, the ratio of infection among men and women is currently three to one.

Although both sexes are exposed to infection in the same way, the phenomenon which is being observed now may be explained by the fact that there are more females than males in the Mozambican population. However, because the phenomenon is new, it merits research to determine the reasons for it; it is understood that only some of them are socio-biological [or demographic] in nature, because the ratio of men to women [in the general population] is approximately 1:1.2.

Studies conducted in sub-Saharan Africa indicate that many women of child-bearing age are HIV-positive. For this reason, perinatal transmission or transmission from the mother to the child during pregnancy or immediately after birth is becoming an alarming problem because of the growing number of cases.

Manica AIDS Program: 'Satisfactory' Results

*91WE0513A Maputo NOTICIAS in Portuguese
3 Aug 91 p 4*

[Text] Manica Province, which is second only to Maputo City in the number of AIDS cases it has diagnosed, is considered a model for the other provinces.

With 52 cases of AIDS, Manica is sending an average of five blood samples a month to the National Referral Laboratory. Most of these samples are positive in the EISSA [as received] tests. Ten AIDS cases a month are diagnosed in the country, most of which are in Maputo and Manica cities.

The other provinces where the epidemiological surveillance is functioning satisfactorily are Maputo and Tete, which have 31 and 18 cases, respectively.

To carry out its information and community education activities, Manica Province has two theatrical groups, consisting of students at the Teacher Training Center and members of the Red Cross. These groups are not only performing in Chimoio City but also in such neighboring districts as Gondola, Manica, and Sussundenga.

It is predicted that by December the groups will have presented 10 plays, all dealing with the topic of health and also about how to avoid some diseases, such as sexually transmitted diseases and HIV infection.

For some time, the AIDS program in this region has been financed by the Redd Barna organization, which has not only provided financial support but also support in aspects of the training of activists to work with specific population groups, such as displaced people, students, and the military, among others.

In addition to the two training courses conducted in June and July, the province is also organizing other courses for the next three months.

Manica Province has won the attention of the National Program for AIDS Combat because of its proximity to Zimbabwe, one of the African countries in the region with a high incidence of HIV-positive inhabitants.

Last week a team from the AIDS Coordination Center visited the province, not only to observe the activities in progress but to assist in taking a survey of the needs, considering the current rate at which AIDS cases are being diagnosed.

First AIDS Counseling Course Under Way

*91WE0513C Maputo NOTICIAS in Portuguese
10 Aug 91 p 4*

[Text] Since last Monday and for a 15-day period, 34 civilian and military health technicians and Social Action technicians are receiving training in counseling AIDS patients interned in the Central and Military hospitals of Maputo. This is the first training course for personnel who will be acting as counselors in their area of nursing care, to ensure the training of other professionals so as to initiate a vitally needed service, a means to provide psychological and social support to all AIDS patients and all individuals who are infected with the HIV virus or who test serum-positive.

In effect, counseling AIDS patients and HIV-infected individuals is seen as urgent; in addition to the fact that many individuals have not yet received any information about the danger of the disease and that others have not taken to heart the implications of being infected by the AIDS virus, the number of cases that are showing up every month dictates the initiation of a counseling program, to provide all the moral and social support that the patient needs.

Such counseling is much needed, since it is well known that, in their families and in the communities where they live, many of these AIDS patients and HIV-infected individuals are still not receiving the support and care that they need, as much as any other patient with tuberculosis, malaria, or any other of the ordinary ailments that we commonly suffer from.

It is in light of this reasoning that the course is being conducted, to be followed by many others until the health technicians, or more precisely, the nurses are able to give the AIDS patients and HIV-positive individuals all the care and psychological and social support that is as vital to the patient as medicine and food.

According to the officials sponsoring the training, there will be a first phase for nurse-chiefs of department and services of the Central and Military hospitals of Maputo, because all the wards are already beginning to receive patients. At this time, at least five wards in the Central Hospital of Maputo have been admitting AIDS patients with great regularity.

Within this year, the plan for nurses' training in counseling should take in all the general hospitals and health centers in Maputo City, so that, within the year, the counseling of patients and HIV-positive individuals will be a routine activity for these professionals, because, as we said before, we are beginning to see many AIDS patients interned in the hospitals.

As the reader will recall, Maputo City has the largest number of AIDS cases diagnosed in the country: more than 100. These cases have not only been diagnosed in the Maputo Central Hospital but in other hospital units, such as the Chamanculo General Hospital and the Alto Mae Health Center, to cite some examples.

Once the training of health technicians in Maputo is completed, the training will be extended to technicians in Manica Province, which will be the pilot for the other provinces in counseling AIDS and HIV-infected patients; Manica Province has the second largest number of reported cases in the country, partly because its clinical system is functioning properly with regard to suspecting and diagnosing the disease.

Course Contents

The course is divided into eight parts, the first of which is devoted to the dissemination of basic information about HIV, its nature and form of transmission, incubation period, the course of the infection, and opportunistic diseases.

In the area of counseling, strictly speaking, the course takes up the psychological and social aspects of counseling patients and their families, infected women, ethical aspects, and the confidentiality that professionals in the sector should maintain, among other topics.

The training of these health workers is preceded by small surveys to give some idea of what each of them knows about HIV infection and the disease itself. The contents of the training course have been organized on the basis of these surveys.

Our Advice to the Reader

As long as we do not have an AIDS patient in our home, we go on denying the existence of the disease and we thank our stars or fate that we have been lucky.

Ideally, the disease would never strike our home. However, if for any reason we were to have an AIDS or HIV victim in our midst, we should know how to care for him and give him all the support he would need.

The reader may ask why there are appeals to give support and care to AIDS victims and not to victims of other diseases.

The question is legitimate. We suggest that you send us your views on the matter.

Meanwhile, and for our part, we would add that AIDS is a new disease and, as such, is not yet much accepted; many people refuse to believe it exists, precisely because they do not wish to abstain from the intimacy of sexual activity or because having sex with more than one partner is a habit that is difficult to break from one day to the next.

These are the basic reasons that many citizens do not view the AIDS problem with the seriousness imposed by the existence of the disease, until it appears.

When the first victim turns up in our home, in the home of a neighbor, a cousin or an aunt, an uncle or a brother, then we believe in the existence of the disease.

We reiterate that it is already a fact for some families. We have a goodly number of AIDS patients in some hospital wards in the capital, and in another one or two years we will have many more cases, so it is time for each of us to ask ourselves how he is going to behave. If you are in any doubt about your behavior, Change Your Sexual Conduct Today. Have Only One Sex Partner And Remain Faithful To That Partner.

We advise you to have only one sex partner because you are risking your health if you go on having many sex partners. We advise you to use protection in all casual sex relations. Your health depends on it. It Is Up To You To Make The Right Choice.

Red Cross Role in Combating AIDS Described

92WE0008A Maputo NOTICIAS in Portuguese 7 Sep 91 p 4

[Article by Dr. Joao Leopoldo da Costa, physician and director of health of the City of Maputo]

[Text] Since 1986, when the first case of AIDS was recorded in Mozambique, efforts have been made throughout the country to prevent the spread of that syndrome.

Preventing the spread of AIDS is a complex and delicate task, even though the steps that individuals and the community must take to achieve that objective are very simple (in theory).

Because of that, participation by all organizations (governmental and nongovernmental) is a necessary contribution to the wide dissemination of information about AIDS. The task is therefore one to be undertaken by everyone and for everyone.

In that respect, the involvement of the Mozambique Red Cross in educating people concerning ways to prevent AIDS and in providing sex education has proven to be effective because it permits greater coverage of the provinces from the standpoint of making adequate information available concerning the problem.

For that purpose, the Mozambique Red Cross began by training 11 provincial coordinators who are now distributed among all of the country's provinces, including the City of Maputo.

Training of Fieldworkers

With the participation of those coordinators, training seminars were held for fieldworkers in all the provinces, the purpose being to promote education for the health of

the inhabitants, with special emphasis on STD's [sexually transmitted diseases] and AIDS.

Those fieldworkers were selected from among volunteers from the main target group—that is, individuals between the ages of 20 and 40 years.

Today, more than 200 Mozambique Red Cross fieldworkers are scattered around the country.

In the City of Maputo, the Mozambique Red Cross, as part of a joint effort with the City of Maputo Directorate of Health and in close coordination with that agency, participated in training fieldworkers for factories and schools.

As a priority, the activities to be carried out by that group of mass education workers center mainly on their workplaces, but they have also been trained to take advantage of every opportunity that arises—on the street, in stores, in public transportation, in the market, in conversations with native healers, and so on—to spread information about AIDS and how to prevent it.

War Refugees

Because of the chronic situation of warfare which the country has been experiencing, the city of Maputo has become the preferred place of residence for many war refugees from neighboring provinces.

The forced change of residence and of economic activity to which refugees are subjected, made worse by the lack of housing and of material and financial resources for satisfying their minimum needs, makes that population quite vulnerable to social conduct that increases the risk of its catching AIDS.

As a result, special attention has been paid to the war refugee groups. Brigades from the Mozambique Red Cross have been assisting in the refugee camps, especially the one on Inhaca Island.

Given that a large number of the war refugees living in the city do not live in large compact groups but are scattered throughout the city's various neighborhoods, it was necessary to hold seminars to train a total of 34 fieldworkers who are now providing assistance in the areas of Catembe, George Dimitrov, Hulene, Zimpeto, the Green Belt, and Machava.

During the first quarter of 1991, the Mozambique Red Cross trained 28 fieldworkers for the areas of Inhaca, Chali, Chamissava, and Guachene. A total of 34 fieldwork sessions (discussions) involving thousands of participants took place during that period.

The most common educational method besides discussion has involved the use of puppet theater or comic strips. Plays and songs have also been a common means of getting the message out.

By the use of simple but appropriate techniques, the fieldworkers of the Mozambique Red Cross have done

valuable work in informing and educating the inhabitants concerning AIDS and STD's in general.

Working hand in hand with Ministry of Health workers in a cooperative effort, the Mozambique Red Cross has unreservedly joined the battle against AIDS with the ever-renewed hope that it will be possible to check the spread of that disease.

The Maputo areas included in the STD/AIDS Program are the following: Matola; Liberdade; Fomento; Machava; the Green Belt; Zimpeto; Jorge Dimitrov and Malhazine; Hulene; Laulane; Airport, Urbanization, and Maxaquene A, B, C, and D; Luis Cabral; and Catembe.

Swedish Red Cross Says Manica Could Have 1,000 AIDS Cases

MB0709131291 Maputo Radio Mozambique Network in Portuguese 1030 GMT 7 Sep 91

[Excerpt] The Swedish Red Cross, which supports the Mozambique National Program for the Prevention and Struggle Against AIDS, has disclosed that an average of two people suffering from full blown AIDS turn up at the Manica Provincial Hospital in Chimoio City every week. The director of the Swedish Red Cross noted that the situation is worrisome and added that Manica Province may already have more than 1,000 positive AIDS cases. The Mozambican health officials had only reported 60 affected people in Manica Province, including eight cases detected between June and August of this year. [passage omitted]

NIGERIA

President Launches Anti-AIDS Battle

92WE0019A Lagos THE GUARDIAN in English 24 Aug 91 p 24

[Article by Onajomo Orere, head, Health Desk: "Government Leads Anti-AIDS Battle with N20m"]

[Text] With a N20 million donation, the President yesterday launched Nigeria's anti-AIDS battle in Lagos.

States and local governments are, from next year, to commit N1 million and N500,000 each to fight the monster, which has so far defied scientific solution.

Besides health, two other ministries—Information and Education—are to join the battle.

Represented by Health Minister, Professor Olikoye Ransome-Kuti at the launching, the President directed the Information Ministry to waive all air time cost in the propagation of educational materials on AIDS. The Education Ministry is to ensure that AIDS is studied in schools.

Of the 120,000 blood specimens screened so far, 728 were AIDS positive. Of the lot, 94 persons are down with full-blown AIDS.

AIDS is transmitted principally through sexual contact and blood transfusion, contaminated needles, circumcision and from mother to fetus.

According to the President, over N4.5 million has been spent on AIDS control. He is disturbed by the ominous projection that by 1995, there may be as many as 69,000 AIDS patients in Nigeria.

The President said if the projection comes true, it would exert "tremendous pressure on the existing health system and strike terribly at our social, economic and political life."

President Babangida warned drug abusers and traffickers to stop their trade because of the ease of spread of the disease through those means.

Besides, he urged motorists to prevent accidents, as they necessitate blood transfusion, promising that government would do its best to ensure that all blood was tested before use.

President Babangida directed all states, local governments and the Federal Capital Territory to initiate their own chapters of the War Against AIDS by December.

The private sector and non-governmental organisations are to support the anti-AIDS efforts.

President Babangida pleaded for care and love of AIDS patients, assuring them of their rights and liberties.

Professor Ransome-Kuti had earlier reviewed the AIDS programme, saying that international donors chipped in \$3.5 million (about N350 million). He broke the sad news that AIDS had spread to the rural area. It hit urban centres four years ago.

The popular view is that the N80 charged for AIDS screening is high. The minister agreed, saying it had to be borne until cheaper and effective screening kits were produced.

A national blood bank and transfusion service, now in the works, will be operational as soon as funds are available.

To Professor Ransome-Kuti, it is difficult to change the sexual behaviour of Nigerians. About 80 percent of AIDS transmission is through sexual activities.

World Health Organisation (WHO) global programme on AIDS director, Dr. M. H. Merson and several dignitaries witnessed the launching.

SOUTH AFRICA

Figures Cited for Looming 'AIDS Epidemic'

92WE0002A Johannesburg SUNDAY STAR
MAGAZINE in English 25 Aug 91 pp 6-7

[Article by R. W. Johnson: "On the Brink of an AIDS Tidal Wave"; first paragraph is SUNDAY STAR MAGAZINE introduction]

[Text] South Africa faces an AIDS epidemic and it has been estimated that millions of people will die from the virus, writes R. W. Johnson. What can we do about the impending disaster, and what effects will it have on the country?

An AIDS epidemic is coming to South Africa. The countries with the highest AIDS incidence in the world are grouped in East-Central Africa—Burundi, Tanzania, Uganda and Malawi are probably the greatest sufferers of all—and gradually the virus has been making its way southwards.

It is possible, indeed, to work out what South Africa's "HIV prevalence lag time" is behind others: nine years behind Burundi, eight behind Tanzania, Uganda and Malawi, seven behind Zaire, Zambia and Rwanda, five behind Kenya and Angola—and so on.

South Africa has been protected not only by its position on the continent's southern tip but by its social and economic isolation: trade sanctions and the inhibitions on tourism to South Africa have to that extent been an ill wind blowing some good. The progress of the virus is, however, ineluctable—60 percent of the world's AIDS victims are to be found in Africa—and there is no prospect of South Africa avoiding this scourge.

What this means is that we shall soon see an epidemic of African proportions raging in a far more highly developed society than any thus far similarly affected.

Unique Situation

It is an awesome thought—and indeed, a unique situation. For South Africa is a relatively sophisticated society with levels of medical care and expertise unparalleled elsewhere in Africa and, because the virus is coming to South Africa relatively late, far more is known about the virus, its treatment, likely economic effects and so on, than was ever the case in the less developed societies to the north. It is a bit like sitting in an oceanographic laboratory, waiting for a tidal wave to hit—and the evidence suggests that we now have months, not years to wait.

No responsible authority now believes that an epidemic can be averted. Already, during 1990, the predominant incidence of the virus moved from a relatively restricted "ghetto" of mainly white male gays into the far broader (and predominantly black) heterosexual population.

Everything we know about that population's already vulnerable health status, its powerful resistance to counsels of sexual abstinence and contraception, and even its lack of access both to condoms and to AIDS information—suggest that the epidemic cannot possibly be stopped.

But how bad will it be? In a paper to a recent conference in Durban on the economic impact of AIDS, Jonathan Broomberg, Malcom Steinberg and Patrick Masobe constructed a complex actuarial model to take into account the fact that the epidemic's doubling time is likely to slow down as it progresses.

In the very early stages the number of adults aged 15-34 who are HIV positive doubles every six months—a rate seen in South Africa in 1986. But the doubling time should rise to 14 months in 1991, 16 months in 1992, and so on up to a plateau level of 34 months in 1995. By that point nearly 1.6 million people will have the virus—but the long incubation period of up to ten years means that the cumulative total of AIDS deaths will be only 47 000.

Thereafter, say Broomberg et al., the snowball effect will really begin to tell. For 2000 they predict 5.2 million HIV positive cases and 666,000 cumulative AIDS deaths; for 2005 7.4 million HIV positive cases and 2.9 million deaths, and for 2010 8.2 million HIV positive cases and 6.6 million cumulative deaths.

It is worth noting how, in the mature period of epidemic, the fatality rate catches and even passes the infection rate. That is, between 2005 and 2010 the number of HIV positive cases increased by less than 1.2 million, but more than 3.6 million extra AIDS deaths occur in the same five year period because by then a really large "backlog" of HIV positive cases has been built up.

Under-reporting

All such projections are, of course, extremely sensitive to the assumptions made—and all data on the incidence of the disease have to cope with more or less large-scale under-reporting. For purely technical reasons some under-reporting is inevitable under African conditions, but it also occurs because AIDS is an extremely sensitive subject, particularly given the assumption—widespread on all sides—that AIDS is, or will be, a predominantly black disease.

Blacks are keenly aware that many whites greet as almost heaven-sent any force likely to curb the explosive growth of the black population. Moreover, blacks are bitterly aware that they are stereotyped by many whites as disease-ridden, sexually hyper-active and promiscuous. There is, accordingly, a pronounced—one could almost say fatal—tendency for discussions of AIDS to get sidetracked into furious attempts to deny that stereotype.

Such misplaced sensitivities, and also a fear of scaring off tourists and investors, have led some African governments into deliberate cover-ups—most grievously in the

case of South Africa's neighbour, Zimbabwe. In 1987 the number of reported AIDS cases in Zimbabwe was reduced on the order of the Minister of Health, Herbert Ushewokunze.

Both hospitals and the blood transfusion service were told they could only tell doctors and not donors of their HIV status, while doctors were told they could report AIDS cases only to the AIDS Control Programme. AIDS sufferers were officially discouraged from telling anyone of their ailment and doctors were actually accused of misdiagnosis and hence over-reporting of the disease.

This disgraceful and counterproductive policy ended only with the appointment of a new Minister of Health in 1990. The veil of secrecy and confusion thus created, together with the accompanying demoralisation of the medical and nursing professions, delayed energetic action against the spread of the virus in its most critical phase.

While South Africa shows no sign of replicating this disastrous Zimbabwean example, public propaganda and education about the AIDS threat is extraordinarily muted when one considers the size of the approaching epidemic and the fact that the country is now only months away from the critical point when the proportion of the adult population who are HIV positive reaches two percent.

Exponential Growth

From what is known from studies elsewhere in Africa, it is as the epidemic reaches the two percent line that its growth rate becomes exponential: the curve of the graph then becomes almost vertical and only begins to level out when around a third of the population is HIV positive.

The Durban conference, a landmark event in the wide participation it attracted from the academic, government and business worlds, produced both hard data and some notably tough-minded thinking about the unthinkable. The conference's key survey data came from a study of 14,376 women of all racial groups attending ante-natal clinics in October-November 1990.

This reliably large sample showed a HIV positive rate of 0.76 percent. Assuming a doubling time of 12-14 months, this means that an overall HIV positive rate of about 1.5 percent will be reached by the end of 1991, with the two percent line being reached in May-June 1992. The implication is that in the months remaining before that date South Africa really ought to be the subject of a saturation TV, radio, poster and leaflet campaign: of this there is currently no sign.

The Government has allotted the princely sum of R1.5 million for AIDS education and neither the ANC nor Inkatha give the subject much time or energy. No politician of any hue—black, white or brown—is willing to involve himself in the issue. There has been conspiracy of silence, merely embarrassment and complacency on a huge scale.

But what can really be done? The answer is threefold: an education campaign aimed at increasing condom-use and generally encouraging safer sexual practices; the careful (and non-oppressive) monitoring of prostitutes; and a major drive against other sexually transmitted diseases, for everything suggests that the prevalence of such diseases elsewhere in Africa has been a major factor in accelerating the spread of AIDS.

Such measures could not hope to prevent a major epidemic, but they could slow its progress and perhaps cause the HIV positive graph to level off at a lower point than seen in countries to the north.

Some would, of course, favour a far tougher line. The Cubans are the chief exemplar here, insisting on compulsory blood sampling and enforced quarantine for all those who emerge as HIV positive. Many Cuban troops repatriated from Angola have in effect returned home into permanent quarantine, the unfortunate sufferer only being allowed out into society on a strictly chaperoned basis.

It would appear that this tough regime has been highly successful in preventing the spread of the virus but even the South African Communist Party, which has strong ties with Cuba—it held its last congress in Havana in 1989—does not advocate similar measures here. Indeed, both the SACP and ANC are vociferous in resisting the notion of AIDS-testing their Umkhonto guerillas on their return home, although these guerillas include many men who were stationed in Angola and fought alongside the same Cubans now subjected to compulsory testing.

Heat Generated

A great deal of heat has been generated by discussions of the HIV status of Umkhonto returnees, but in the end the issue may almost be a red herring, for the progress of the epidemic hardly depends upon them.

A regional breakdown of the 1990 ante-natal sample cited above shows that the overall 0.76 percent rate was actually constituted by a rate of only 0.16 percent in the Cape (logically enough: the virus is advancing from the north and the Cape lies furthest to the south); 0.53 percent in the Transvaal; 0.58 percent in the Free State and 1.61 percent in Natal and Chief Buthelezi's domain of kwaZulu.

It is tempting to believe that the reason for Natal/kwaZulu's unhappy prominence is that Durban, the region's centre, is Africa's largest port—but impressionistic evidence suggests that the HIV positive rate is actually worst in small towns and rural areas, pointing to landborne infection from neighbouring Mozambique as the more likely source. More important, Natal/kwaZulu's 1.61 percent level was reached nine months ago, which means it must have breached the fateful two percent level by April 1991.

One cannot but decry a fearful symmetry in this latter figure. Of all South Africa's blacks, it is the Zulu people

who have known the greatest trials and tribulations in recent years—drought, poverty, overcrowding and unemployment all reach record levels in kwaZulu, and the area is marked by exceptional rates of civil, political and criminal violence.

To all that one must now add the unhappy certainty that within South Africa the Zulus will be the first and perhaps the greatest victims of the AIDS scourge. One cannot but note how often in Africa AIDS appears to feed on war and civil strife—in Uganda, Ethiopia, the Sudan, Mozambique and Angola the coincidence is plain enough. Partly this may just be because the social categories with the highest HIV positive rates are typically students, prison inmates—and soldiers; and in Africa war means civil war, typically with bands of young soldiers marauding through the civilian population.

It is not merely that all diseases spread faster amongst a war-weakened populace; war in Africa means famine, accelerated population movement, widespread rape and the dislocation of settled familial units. Natal/kwaZulu has seen over 6,000 die since 1985 in what has, effectively, been a Zulu civil war between Inkatha and the ANC; perhaps one should have realised that where comes war, AIDS follows not far behind.

But what will the effects of the epidemic be? Researchers from East Africa speak of an hour-glass shaped population pyramid, with the very old looking after the very young and much of the intervening age group scythed down.

In South Africa, which displays an exaggerated form of rural dependence on remittances from urban wage-earners, the deaths of a significant number of remitters could lead to the widespread collapse of the rural economy, with much of the country transformed explicitly into a vast refugee camp. And, of course, there are many voices predicting a stunning demographic reversal, with overall population decline setting in.

Many of the Durban conference felt that, however bad the situation was, hysterical alarmism about AIDS was a problem too. Alan Whiteside, the conference organiser, pointed out that three of the four available projections for Zimbabwe were for an actual population decline over the next decade, but there was little real prospect of such a *gotterdammerung*.

The same is true for South Africa. Although South Africa's total fertility rate has been slowing notably through the Eighties—the average black woman has 5.1 births now, compared to 6.8 in the Fifties—Broomberg and his colleagues found it was most improbable that AIDS could do more than cut population growth to a minimum of one percent per annum by 2005—when the total population is still expected to be 50 percent up on 1985. South Africa's problem is still going to be having too many people, not too few.

The economic cost of AIDS will be high. As Whiteside puts it: "South Africa is in the unenviable position of

facing a Third World epidemic with a population that may expect First World resources to be devoted to the care of the sick".

The area of uncertainty is inevitably large here: people don't die from AIDS directly, after all, but from their loss of immunity to other diseases. In South Africa most deaths will probably result from run-of-the-mill diseases like TB and dysentery.

Broomberg, Steinberg and Masobe estimated that treating the epidemic would by 2000 consume between 19 percent and 49 percent of total health expenditure, and 34 percent to 75 percent by 2005. Even if one takes median figures of 34 percent and 54 percent a great deal of "crowding out" of other forms of health care seems inevitable.

The indirect costs of the epidemic—the loss of valuable man-years of often highly-trained labour—clearly depend in some measure on how the educated elites behave. On the one hand, they typically have the resources and opportunities to lead lives of considerable promiscuity if they want to; on the other hand, they ought to be amongst the most responsive to the counsels of anti-AIDS information and propaganda.

All one can say thus far is that the auguries from the rest of Africa are not good. Rolling direct and indirect costs together, Broomberg and his colleagues from the Wits Medical School suggest that AIDS could cost South Africa up to four percent of its current GNP by 2000 and up to nine percent by 2005; heavy costs indeed, but sustainable nonetheless, provided—and it's a big if—that GNP growth picks up in the post-apartheid era.

Meanwhile, corporate South Africa—much in evidence at the Durban conference—has begun to react; scholarships endowed by large companies like the Anglo-American Corporation now routinely require applicants to undergo HIV tests.

The really big imponderables lie in the social, political and psychological impact of the epidemic. It is widely assumed, for example, that the coming of majority rule will result in a major setback for women's rights, as the central norms of society cease to be set by the traditional chauvinism of the white male and are dictated instead by the far greater chauvinism of the black male. But AIDS could well strengthen—and will certainly complicate—the challenge to those norms now mounted by a younger generation of African women.

Alarming Rates

At present all serious feminine assertion is undermined by alarming rates of sexual harassment and rape, typically a major threat for black girls from the moment they achieve puberty at school—not a few black teachers have been necklaced for raping their charges and "jack-rolling" (randomised rape-and-robbery) by teenage gangs is an all too common feature of township life. But

such confrontations will soon be further sharpened: in AIDS-prone societies such crimes can easily amount to murder.

The larger question is the effect of AIDS on race relations. Epidemics are highly divisive social events, frequently leading to the blaming of the ill and the ill seeking to revenge themselves on the healthy—dangers which seem particularly likely in South Africa where the different racial groups are forever trying to blame others, while seeking the moral high ground for themselves.

In the past many blacks have tended to accept almost as a law of nature the fact that whites typically enjoy safer, healthier lives than they do, but at the very least the new black elites will hardly accept that.

The inevitable conflicts over the direction of health spending—how far it is to be targeted at the hapless masses, how far at the elites—could, of course, be fought along class and not racial lines. It is even possible that AIDS will be seen as a national crisis, necessitating a united response from all social and racial groups—but it seems sadly more likely that AIDS will feed on, perpetuate, and perhaps further inflame historic inter-ethnic rivalries and grievances.

As yet these are but dark imaginings: at present the media and the elites of all races are far too rapt by the lobster quadrille of negotiation politics to give much attention to something as arcane and embarrassing as AIDS. South Africa sits mute, awaiting the deluge with only half an ear cocked for the sound of the great wave to come.

CP Organ Reviews Country's AIDS Situation

92WE0033B Pretoria *DIE PATRIOT* in English
6 Sep 91 p 1

[Text] A report in the NATAL WITNESS: "Pediatric AIDS Cases Jump by 14 Percent" (15.8.91) describes the astonishing increase in the number of babies born with AIDS in Kwa Zulu in the last six months.

According to Infection Controller and Deputy Director of Kwa Zulu hospitals Murray Short, a rise in AIDS-related deaths in pediatric cases at Edendale and Ngwelezane hospitals was detected in February this year and appears to be climbing.

The percentage of HIV-infected mothers in Kwa Zulu is actually much higher than 14 percent because research world-wide has established that between 25 percent and 45 percent of children born to HIV mothers develop AIDS only after two years.

Short admits that the only way to control the spread of the disease is "counselling," and community health education programmes. Edendale hospital's head of department of medicine Jim Muller says that control of the disease can only be successful "if school children take up the (preventive) campaign themselves."

This is unlikely to happen. According to the SA Institute of Race Relations (SAIRR), there is a "chilling happy-go-lucky attitude to AIDS." A survey conducted in July 1990 on the attitudes of Kwa Zulu schoolchildren "between 17 and 23 years of age" revealed that a third of the respondents believed AIDS to be a "joke" and 90 percent said they would never use a condom, according to SAIRR.

Many Blacks felt that warnings about AIDS were a sinister propaganda drive aimed at reducing African population growth. "Medical doctors believe that these attitudes are not uncommon among African youth," says the SAIRR report. "There is little doubt that AIDS cases in SA are under-reported, yet no consensus exists about the extent of the under-reporting."

Privacy

The current court case involving an action by an alleged Brakpan HIV-carrier against his doctor concerning the latter's alleged breach of doctor/patient confidentiality throws up another important element in the AIDS debate: although current belief is that AIDS can be transmitted solely through sexual contact, drug needles and blood transfusions, the Brakpan case reveals that the underlying reason for the doctor's breach of confidentiality is that he feared that his friend, a dentist, might contract AIDS from his patient who was also the dentist's patient.

If medical doctors believe that mouth mucous membrane contact is sufficient for the transmission of AIDS, why has the government not made AIDS a notifiable disease, and why is the sexual/blood transmission dictum still rigidly adhered to?

Wide publicity was given in the United States to the death of five people who contracted AIDS from their dentist, who later died of the disease. One patient, Kimberley Bergalis, died in a blaze of publicity, denouncing the American public health system which was more concerned with protecting "the wayward" than in saving the innocent. (Human Events, Washington, 13.7.91).

Shortly before the dentist's death, he urged his more than 1,700 patients to test for HIV. Four more patients tested positive.

SAA

It has now been learnt that South African Airways is considering compulsory crew tests. This follows disclosures that more than 40 cabin attendants may have died of AIDS-related diseases since 1983.

A recent incident involved a case where a man continued to serve passengers on SAA until just a few weeks before his death, and airline staff (especially pilots) have refused to accept liquid refreshment from cabin stewards unless the containers are sealed.

In July this year, a spokesman for SAA said that the airline "had no idea how many cabin attendants had AIDS." This is in line with the type of answer given to a Parliamentary question put by Clive Derby-Lewis in 1988 concerning AIDS and SAA cabin attendants. The query was simply brushed aside, and no definite answer was given.

Book

A new book "AIDS in South Africa" by Dr. P.D.G. Quirke (Conservative Alliance and the AIDS Protection Society, Box 97740, Petervale 2151) illustrates the incredible danger to, particularly, Whites in today's South Africa.

Dr. Quirke's book describes in graphic detail the current SA AIDS situation, what to do to avoid AIDS and what will probably happen within the next ten years.

He gives detailed tables of infection rates: in Soweto and Durban, for example, the rate of infection at the end of 1990 was between 4 percent and 6 percent, well above the official national average of 0.87 percent. These averages are about 12 months ahead of the general SA average, and Zimbabwe is about one year ahead of them.

Natal

In January 1991, areas in Natal had a higher 6 percent - 10 percent HIV positive content. The radio reported that blood for transfusion was no longer collected from "outside" clinics as their HIV infection rates were five times those of permanent clinics.

In early April 1991, a 20 percent rate of HIV positives, and a seven out of thirteen (just under 50 percent) rate of positives among pregnant women, was reported in Soweto. Similar results were also reported near East London.

Baragwanath Hospital has stopped routine AIDS tests on ante-natal clinic patients, says Dr. Quirke. "Each patient is treated as though she is infected. The tests are expensive and the "window" of infection is now so wide that there are too many false negatives."

Dr. Quirke states further that "a Black school near Durban in late 1990 had 60 percent HIV positives, rivalling the 80 percent in some Zimbabwean factories." This Durban figure will become commonplace in the rest of Natal and Soweto in 1991.

Nobody really knows how many of SA's population has AIDS. But if doctors are not even testing in Soweto hospitals any more, and assuming that everyone is infected, a very serious situation is evolving in South Africa.

Until the present government is removed, we must simply hold on. Needless to say, school and hospital integration should be avoided at any cost.

Controversy Surrounds Police AIDS Testing

92WE0054A Johannesburg THE STAR in English
9 Sep 91 p 6

[Article by Bronwyn Wilkinson and Guy Jepson:
"Dilemma of AIDS Tests on Police"]

[Text] Members of the South African Police having compulsory random medical examinations are also being tested for AIDS—a move which has drawn criticism from AIDS expert Dr. Ruben Sher, who said HIV tests should be conducted only with the "informed consent" of the individual.

Police spokesman Major Reg Crewe told THE STAR that police members would be tested for AIDS, but that this was "just one of several tests."

He said he had not received any reports of officers refusing to have the tests, but added that the Police Act did make provision for members of the police force to be compelled to undergo medical tests.

A high-level police source, who asked not to be named, said the provisions of the Police Act would not be used to conduct a witch-hunt against AIDS carriers. Nevertheless, as in the case of a force member who was physically debilitated, a policeman who contracted AIDS or was HIV positive would "not be fit to do the job."

The SAP, he said, would have to devise a way to cope with the rise and spread of AIDS. But the question of tests for policemen was "a complex moral issue."

Dr. Sher, of the AIDS Centre at the South African Institute for Medical Research, said the ideal ethic was that informed consent should be given by anyone who was to undergo an AIDS test.

"There should really be pre-test and post-test counselling," he said. Pre-test counselling would include telling the patient why he was to be tested. If he were to test positively, he should then be told what that would mean.

"I am against compulsory testing. I am for informed consent," he said. "We are in the process of trying to set the medical ethic on this."

If medical tests on the police force were being conducted to establish a medical profile of its members, he said, then a full range of medical tests should be conducted on all policemen.

A senior officer said he believed AIDS should be a notifiable disease and that every citizen should be tested.

"If, in terms of the Criminal Procedure Act, the drawing of blood to test alcohol levels (in suspected drunk drivers) is allowed, then why not compulsory AIDS tests? AIDS is a killer."

Law and Order Ministry spokesman Captain Craig Kotze said the question was being approached by the police with sensitivity and in a balanced fashion. "All

factors—moral, physical and ethical—will be taken into account in handling the issue.”

AIDS Causes Renewed Outbreak of Tuberculosis

92WE0027 Johannesburg *THE STAR* in English
12 Sep 91 p 5

[Article by Shirley Woodgate]

[Text] A renewed wave of tuberculosis has surfaced in South Africa since the link between TB and AIDS was revealed, says SA National Tuberculosis Association (Santa) Director of Community Tuberculosis Education Dr. Theo Collins.

New cases of TB increased from 55,000 in 1986 to 80,000 in August 1990.

“Tuberculosis and AIDS go hand in hand. There are probably about 15 million people in South Africa who have dormant TB infection.

“In normal circumstances, the disease would never have erupted in most cases, but where the HIV virus has appeared, the resistance of these people is so low that the TB infection becomes active.”

TB, which had virtually been wiped out in the U.S., had resurfaced since the advent of AIDS, and in Uganda the World Health Organisation claimed the disease had doubled since the appearance of the virus.

Dr. Collins claimed that some 36 people were dying daily of TB in South Africa and at any one time about 250,000 were being treated.

Warning that the cost of treatment was likely to soar, he said about R5,400 was spent on each patient admitted to hospital for about six months.

It is claimed that the degree of success of State anti-TB measures depends on the extent of voluntary support.

Santarama Miniland at Wemmer Pan, south of Johannesburg, not only provides a valuable education and entertainment venue, but supports Santa. But the mini-ature town needs R150,000 to revamp the models and replace the income-producing pleasure boat.

THE STAR has launched the Santarama Fund with its own donation of R5,000, and invites businesses, schools and individuals to add their contributions.

Please send your ideas or donations to the Santarama Fund, Box 1014, Johannesburg 2000 (Sauer St. Charities No 011 001 22 000 5).

Financial Burden of AIDS on Country Noted

92WE0023 Cape Town *THE ARGUS* in English
12 Sep 91 p 5

[Article by Blaise Hopkinson]

[Text] AIDS will cost the country billions in the next decade and up to 10 million people could test HIV

positive by the turn of the century, an Institute of Personnel Management seminar in Bellville has been told.

As many as 220,000 people could die from AIDS each year, Mr. Andre Spier, the director of the AIDS Policy Research Group, told the seminar.

Mr. Spier said the direct costs in terms of medical care would run into hundreds of millions of rands, but this would account for only 30 percent of the costs. Absenteeism, retraining and general economic damage would account for the rest.

He warned that business would have to take a major proactive role in combating the spread of the disease and that every single company would be affected by it.

In a wide range of presentations, representatives from industry, government, the ANC and organised labour all pointed to the singular lack of progress in the fight against AIDS in this country.

Dr. Neil Cameron of the Department of National Health and Population said R50 million was being spent by the government on AIDS in this financial year.

Mr. Francois Marais of life-giant Sanlam said the group had allocated R200 million to an AIDS contingency fund.

Industry-wide statistics showed R8.5 million had been paid so far in AIDS claim settlements.

He predicted the cost of death benefits would double and said there was no “right price” for life insurance that included AIDS cover, given that the relative mortality of an HIV-positive person was 2,600 percent higher than a standard non-smoker.

Eskom’s corporate medical consultant, Dr. Charles Roos, spoke on the contentious issue of pre-employment screening for HIV-positive candidates, a policy the company had pursued since 1988. So far 15 cases had been identified.

He denied the policy was discriminatory and said: “Everybody from the chairman down is tested.”

The ANC’s Dr. Kamy Chetty said the party rejected pre-employment screening outright because it was “discriminatory.”

Labour lawyer Mr. Michael Bagraim said the law had yet to contend with AIDS.

Experts Predict 12 Million AIDS Victims

92WE0054C Cape Town THE ARGUS in English
25 Sep 91 p 1

[Text] Johannesburg—The AIDS virus threatens to hit as many as 12 million adults and children in South Africa in the next eight years, according to new estimates.

The sombre warning—one of the worst scenarios yet drawn—comes from the authoritative Development Bank of South Africa.

It disclosed yesterday that research showed that the lives of almost one in every three of the entire population could be endangered by the disease between now and the year 2000.

The death toll could rocket above 5.2 million—about 4.5 million aged between 15 and 64 and more than 700,000 infants.

The AIDS crisis would tend to proliferate most among urban dwellers especially educated people and members of the uniformed services.

Studies commissioned from the economic research unit at the University of Natal projected that should efforts to curb the disease through education fail, the cumulative number of minors and adults who would test HIV positive could be as many as 12 million by the end of the decade.

The grave warning was carried in a special report entitled "South Africa: An inter-regional profile."

Researchers estimated the direct cost of treating a single patient to be about R15,000. That would entail overall total costs between R10,000 million and R16,000 million.

"Should patients be treated intensively with prohibitively expensive drugs such as AZT," the bank added, "the cost per patient could escalate to between R60,000 and R100,000—a burden the economy can definitely not afford.

"Even if direct costs could be kept to about R15,000, this is likely to be only 20 percent of total (direct and indirect) costs, especially if the African pattern of AIDS among educated people is repeated.

"With education already in short supply, it would be a double disaster to lose to the disease people who have been educated at great cost.

"The AIDS problem highlights the need for a preventive as opposed to a curative health system."

Number of HIV Infected in Cape Reaches 1,000

92WE0054B Cape Town THE ARGUS in English
25 Sep 91 p 1

[Article by Vivien Horler: "1,000 in the Cape Have AIDS Virus"]

[Text] The number of people who have tested positive for HIV infection in the Cape has passed the 1,000 mark for the first time, the Department of Health said.

It said 60 new cases of infection were diagnosed in August, compared with 34 in July.

"There has been a worrying jump," said Dr. P.T. Vurgarellis. "At this stage we're not sure if it is purely coincidental—perhaps because of a new survey somewhere in the area on blood samples—or whether the increase will be sustained.

"We think it is coincidental, but we won't know until the next monthly report. We have to keep tabs on this."

Of the 1,000 cases, almost 500 are in the Greater Cape Town area.

Professor Cited on AIDS Figures for Natal

MB0810183491 Johannesburg SABC TV 1 Network
in Afrikaans 1600 GMT 8 Oct 91

[Text] At least 2.5 percent of Natal's population is possibly infected with the AIDS virus. This shocking revelation was made by the University of Natal medical school after tests on blood donated to the Natal blood Transfusion Service and on mothers who visited the post-natal section of King Edward VIII Hospital in Durban.

Professor Dennis Padafin of the university says the group on which the tests were conducted is regarded as a low- or middle-risk group and he shudders to think how high the figure would be among so-called high-risk groups. He said the 2.5 percent means that the 2 percent threshold at which the virus gains momentum has already been passed. [Begin Padafin video recording in English]

Padafin: The implication of that is that if this trend were to continue, the figure in one year's time would be 5 percent and in two years' time would be 10 percent.

Minister Discusses Anti-AIDS Phone Program

MB0910191091 Johannesburg SABC TV 1 Network
in English 1600 GMT 9 Oct 91

[Text] [Begin recording] **Reporter Conrad Burke:** On the AIDS problem, Health Minister Dr. Rina Venter gave details of a comprehensive plan to beat the killer virus which latest studies show is infecting 300 victims a day.

The plan centers on getting information to the public effectively. An AIDS phone in service on a toll-free number was being considered. Also planned, around the

clock service where experts would be on call to give specialized advice on problems regarding AIDS. [end recording]

Minister Says 300 Infected With HIV Virus Daily

MB1010115991 Johannesburg THE STAR in English
10 Oct 91 p 6

[Report by Peter Fabricius: "300 Infected With HIV a Day in SA [South Africa]"]

[Text] Strand—About 300 people are being infected every day in South Africa with the HIV virus, which almost invariably leads to death by AIDS, National Health Minister Dr. Rina Venter disclosed at the Cape National Party congress yesterday.

"The seriousness of the AIDS pandemic is best illustrated by the fact that, by comparison, 24 people die every day from tuberculosis, 31 in motor accidents, 35 through smoking-related diseases and 10 in political violence," Dr. Venter said.

She was replying to a resolution from the congress asking the Government to establish a more comprehensive programme to combat AIDS.

She detailed several measures, including a recent Cabinet decision that AIDS education would become compulsory in schools from next year.

Dr. Venter said that of the 300 people being infected by HIV every day, between 120 and 140 were women, 110-130 men and 20-40 children.

Group Votes AIDS Not To Be Notifiable Disease

MB1810142691 Johannesburg SAPA in English
1400 GMT 18 Oct 91

[Text] Pretoria Oct 18 SAPA—AIDS will not be made a notifiable disease in South Africa, it was announced in Pretoria on Friday.

The minister of national health, Dr. Rina Venter, announced this decision on the advice of the AIDS Advisory Group [AAG]. "There are no sound scientific reasons for making AIDS or HIV infection a notifiable condition," she said in a statement.

AAG chairman, Prof. Anton du P. Heyns, said at a news conference there was no justification to make such a move at this time despite the fact that the HIV infection could be one of the "greatest threats to health" in South Africa.

The executive of the AAG, an independent body of authorities on AIDS which advises the minister on various aspects of the disease, had voted unanimously against making it a notifiable disease.

The executive argued in a statement that AIDS should be made a notifiable disease only if by so doing it would

contribute towards the control and prevention of further spread of the HIV infection.

This would not be the case with AIDS as it was untreatable and there was no vaccine available for its prevention, said Prof Heyns.

"There is really nothing that can be physically done to combat the disease or its spread."

It would only be logical to make HIV-seropositivity notifiable if it were linked to mass screening of the population. This was not viable in South Africa.

Prof. Heyns said another argument against notifiability was the possibility of stigmatisation of individuals with the infection due to discrimination.

"This could drive the disease underground and make preventative measures even more difficult to implement."

Prof. Heyns emphasised that the decision would be reviewed if circumstances warranted it.

Such circumstances would include the development of a cure for the disease or a vaccine for its prevention.

He said AIDS WAS a notifiable disease in some states in America and there was a system of voluntary notification in the United Kingdom.

"But there is no evidence in the world that notification has aided the preventative measures to combat the disease."

Doctor Discusses Trends in AIDS, Medical Care

MB2210203391 Johannesburg SAPA in English
1630 GMT 22 Oct 91

[Article by Ada Stuijt]

[Text] Johannesburg Oct 22 SAPA—AIDS-related deaths could number 700,000 a year by the year 2005—when about 27 percent of all South Africans could test positive for the HIV virus, according to a "possibly optimistic" projection by Dr. Ivan Lockyer. Releasing his report on Tuesday [22 October], the chief medical officer of one of the country's largest life assurance companies also warned the AIDS epidemic would further aggravate the possibility that many South Africans could have only limited access to basic medical care by the turn of the century.

He warned that by then, only a select group might enjoy the high standards of medical care available through the private sector. However, he hoped for a "high-road" scenario—where a growing economy with increased per capita income gave people access to an appropriate level of medical care. With or without medical aid, medical costs were rising far faster than the consumer could accommodate. "What price advanced medicine if the average man is unable to afford it?" Dr. Lockyer asked.

"Ironically, a major reason for rising costs is the large number of sophisticated procedures being made available on a wider basis to treat common ailments like coronary heart disease, vascular disorders, kidney disease and diabetes, to name a few.

"These procedures have been refined to the point where they are almost risk free and their greater availability has created burgeoning demand.

"This technological explosion in medicine on the transplant, investigative and therapeutic fronts will continue, but it is costly in terms of time and resources. The costs of medical care are, therefore, not going to come down."

To illustrate his point, he said a coronary heart bypass, which now cost around R[and]30,000, would cost R200,000 by the year 2000, given the increase in medical costs over the past five years.

South Africa's experience in rising medical costs was likely to follow the American pattern. In the USA, medical costs, which once comprised six percent of the gross national product, has risen to the present level of 12 percent. "In South Africa, medical costs currently make up six percent of the GNP, but as the demand for exclusive medical care increases, so will the percentage of the GNP taken by the nation for medical care costs. Someone will have to pay and it won't be the government."

Addressing the AIDS issue, he warned that the impact on medical services would be dramatic. "There will be a significant increase in demand. Treatment of symptomatic AIDS patients will have to alter, becoming largely family- and home-based.

"AIDS, the 10 percent increase across the board for value-added tax and the huge effect rapid urbanisation is having on health care services, make the high-road scenario—a real increase in GNP—even more imperative," Dr. Lockyer said. "Against this background, the average man is going to have to consider his options if he is not prepared to compromise on the standard of his medical care."

Fifty-one AIDS Deaths Reported; Decrease Noted in Fatality Rate

MB2210175491 Johannesburg South African Broadcasting Corporation Network in Afrikaans 1400 GMT 22 Oct 91

[Text] AIDS has claimed 51 lives in South Africa this year so far, but the Department of National Education and Population Development says that the fatality rate has decreased from 24 to 22 percent over the same period last year. According to the department, 235 AIDS cases have been reported this year so far. Last year 305 cases were reported, with 74 deaths.

Study Says About 100,000 Already Infected With AIDS Virus

MB2610053091 Johannesburg SAPA in English 0059 GMT 26 Oct 91

[Text] Cape Town Oct 25 SAPA—About 100,000 people in South Africa were already infected with the AIDS virus and about half of these are likely to die as a result of the infection within the next 10 years because they have limited access to health services, including preventative education.

SWAZILAND

Minister Says 'Host' of AIDS Related Problems Expected

MB2609201491 Mbabane Radio Swaziland Network in English 1600 GMT 26 Sep 91

[Text] The minister for health, Dr. Fanny Friedman, says Swaziland can now begin to expect a host of AIDS-related disruptions since the clinical manifestation is already due. Officially opening a [words indistinct] mobilization meeting for AIDS prevention at the Yen Saan Hotel today, Dr. Friedman said it is already five years since the first case of HIV infection in the country was diagnosed, and the manifestations begin to appear between five and 10 years. She observed that the country can now expect an increase in hospitalized cases, an increasing numbers of orphans and disruption in the nation's labor force. She noted that the working group whose age ranges between 20 and 49 is, unfortunately, the one that has the highest prevalence rate in Africa.

Calling for quality AIDS prevention programs, Dr. Friedman said the only group that still appears to be spared and saved is that between five and 15 years-old. She appealed for aggressiveness among all AIDS prevention agencies so that all barriers can be overcome.

Health Official Estimates 4,500 AIDS Sufferers

MB3009083791 Mbabane THE TIMES OF SWAZILAND in English 30 Sep 91 p 1

[Report by Gordon Mbuli: "AIDS Shock, 4,500 Are Sufferers"]

[Text] An estimated 4,500 people here might be sufferers of the dreaded Acquired Immune Deficiency Syndrome (AIDS).

This was disclosed by the deputy director of health services, Dr. Qhing Qhing Dlamini at the second resource mobilisation meeting in support of the national AIDS prevention and control programme.

The meeting was held at the Yen Saan Hotel at Ezulwini on Friday [27 September] and was organised jointly by the government and the World Health Organization (WHO).

Dr. Dlamini said projections of HIV/AIDS in Swaziland using the assumption that only 10 percent cases are being diagnosed, suggest that the current estimate of AIDS patients could be in the region of 4,500 people.

"Assuming further that this constitutes only one third of infected persons, there may be as many as 13,500 HIV cases in the population."

Dr. Dlamini told the meeting that according to available data, the male/female ratio among adult AIDS cases is one to one.

"Therefore, out of the 13,500 HIV-positives, half will be women of child-bearing age. It is estimated that 30 percent of new borns to HIV-positive mothers eventually also test positive."

"Considering the high fertility rate in the Kingdom, morbidity and mortality due to HIV/AIDS will rapidly increase amongst infants."

Dr. Dlamini said given the above picture for AIDS as well as the rapid spread of sexually transmitted diseases in a relatively small population of Swaziland, preventative efforts against AIDS must receive priority attention and appropriate support both locally and internationally.

Donor communities and other international and local interested parties agreed to make funds available, some making pledges for the medium-term plan for prevention and control of AIDS in the country, which start in January next year.

The two-day meeting was officially closed by the Minister for Health, Dr. Fanny Friedman who expressed government's praises for those donor agencies which have promised to donate money and those who made pledges towards the start of the project.

Three Die of AIDS During Jul-Sep 1991

MB2310071391 Mbabane THE TIMES OF SWAZILAND in English 23 Oct 91 pp 1, 24

[Report by Vusie Ginindza: "AIDS Kills Three More"]

[Text] Three more people have died from AIDS, bringing to 20 the number of victims struck dead by the disease since it broke out here.

Twenty three others are presently infected by the killer scourge and await to die.

This is according to the latest report of the Swaziland National AIDS prevention and control programme of the Central Public Health Laboratory.

The report covers the period between July and September this year.

It states that the total number of AIDS cases since the beginning of the AIDS Prevention and Control Programme as of September 30, 1991, is 71 of which 20 have since died.

Within the period covered by the report a total of 236 people have tested HIV positive, from 2,074 samples.

Of the 2,074 samples tested, 1,220 were of blood donors, 32 of whom tested positive.

Health Ministry Alarmed at AIDS Rate Among Young People

MB2510175491 Johannesburg Radio RSA in English 1500 GMT 25 Oct 91

[Text] Swaziland's director of medical services, Dr. John Mbambo, says Swaziland's Health Ministry is concerned about the increasing number of young people in the country found to be infected with AIDS.

Dr. Mbambo said those infected included children between the ages of 10 and 14. He said a new epidemiology unit had been established in Swaziland to improve the system of AIDS detection in the country so that the magnitude of the disease could be assessed more realistically.

Dr. Mbambo said the ministry is also alarmed at the number of deaths being caused by infections, such as tuberculosis, among the HIV sufferers.

TANZANIA

MP Calls for Action on Plague, AIDS

91WE0536B Dar es Salaam DAILY NEWS in English 30 Jul 91 p 3

[Article: "Government Blamed Over Spread of Plague"]

[Excerpt] Debating the estimates last week MP for Mlalo, Ndugu Charles Kagonji, complained that plague, which was first reported in Lushoto District 11 years ago had spread to more than 40 villages because the government took no concrete action to fight the disease.

He told the House that the medical team brought to fight the disease was confined to the affected villages having the neighbourhood prone to effection.

The MP called for an intensive education campaign against the disease to involve all villages bordering the affected areas and adequate supply of drugs to arrest the killer disease.

Ndugu Said Haji Chomeka (Uzini), explaining about 3,400 cases of Acquired Immune Deficiency Syndrome (AIDS) had been diagnosed in the Mainland and nearly 300 others in Zanzibar, stressed preventive measures against the virus, which was yet to get a vaccine.

He told the House that AIDS was spreading alarmingly. There were only about four cases in 1986 in the Mainland.

Ndugu Chomeka also called for deliberate national efforts to promote family planning to check population explosion.

[Passage omitted]

National AIDS Program Issues Report on Infections

*EA3009193591 Dar es Salaam Radio Tanzania
External Service in English 0400 GMT 30 Sep 91*

[Text] Dar es Salaam—The National AIDS Control Program announced that 100,000 Tanzanians have already developed symptoms of the dreadful AIDS and many others have died since the scourge was first reported in the country in 1983. The program's review report said the numbers revealed are scientific estimates and that another 700,000 people are believed to be infected with the virus—of them, 140,000 are teenagers.

The report stated that unless the National AIDS Control Program and other bodies involved in the war against AIDS are successful, it is estimated that by the end of this decade there would be 800,000 cases and over 2 million infected people. It stated that more than 50,000 children have been orphaned because of AIDS and by 1997 the number might rise to 500,000.

According to the report, information campaigns have succeeded in making a large proportion of Tanzanians aware of the dangers of AIDS and in transmission through sex. However, the report said, people are not fully aware that AIDS is also spread by people who feel and appear healthy.

AIDS Figures for Zanzibar, Pemba Released

*EA1510135091 Dar es Salaam Radio Tanzania
Network in Swahili 0330 GMT 15 Oct 91*

[From the press review]

[Text] Sixty-six people, including two children, have died of AIDS since the scourge surfaced in the isles [Zanzibar and Pemba] in May 1986. These figures were reported yesterday in UHURU on page six.

UGANDA

Sixty Percent of TB Cases HIV Positive

*91WE0537A Kampala THE STAR in English
12 Aug 91 pp 1, 7*

[Article by Alfredo Amodoi: "60 Percent TB Cases Have AIDS"]

[Text] The Director of AIDS Control Programme (ACP) in the Ministry of Health Dr. Warren Namara has called

for discipline in a fight against AIDS epidemic. He reported that 60 percent of TB cases had HIV; the virus that caused AIDS killer disease.

He was addressing a seminar for NRC [National Resistance Council] members last Friday, organised by Uganda AIDS Commission at the Uganda International Conference Centre Kampala. The seminar was called to share with the members the responsibility in the fight against AIDS. The theme was "The multisectoral strategy for AIDS control: the role of political leaders."

Dr. Namara appealed to Ugandans to love to be alive. He said that out of the national population of about 16 million people 10 out of 100 had HIV. He said there were 40,000 TB cases each year in the districts of Jinja and Mbarara. And 20 out of 100 got TB because they had AIDS, said Namara. The Director noted that social health infrastructure had been overstrayed by the TB cases.

On the risk of acquiring the 'no repent' disease, Namara said "If you do sex, you have got a 24 percent chance of acquiring AIDS. He said one risk factor was through the sexually transmitted diseases (STDs). He gave advice that once a person developed one of the STDs, he must treat it immediately. AIDS is crucial."

He said there were three HIV disaster stages namely, HIV infection, patient and death. [Sentence as received] He noted the death of the productive sector of society had high social economic loss and effects to Uganda. Dr. Namara challenged the leaders and everybody for himself and for others to spread the awareness and keep off AIDS risks. Twenty-four percent of mothers in Uganda, he said, "were exposed to HIV." He said the impact of AIDS caused orphans was sorrowful.

Namara told the seminar that 18 out of 100 people donating blood in Western Uganda had HIV.

The ACP Director called for total change in sexual behaviour, human interaction on AIDS and target group education.

Museveni Addresses Group on Development, AIDS

*AB2909214791 Kampala Radio Uganda Network
in English 0400 GMT 29 Sep 91*

[Excerpts] President Yoweri Museveni, who is now on a visit to Busoga region, has started a tour of Kamuli district. Addressing a public rally at Nabanyango primary school, in Buzaya county, last evening under a heavy downpour, Mr. Museveni assured the people that the NRM [National Resistance Movement] government is ready to face all development problems which Uganda has. He said that the movement has always and will always point out to the people of Uganda the development problems their nation is facing so that everybody understands them fully and tries to brace up together with other citizens to solve them. [Passage omitted]

Turning to AIDS, President Museveni particularly cautioned the youth to discard the habit of boy and girlfriend relationship, which phenomenon he termed as a very dangerous health hazard which must be seriously addressed. He said that AIDS is spread by undisciplined sex. He also cautioned the adults who misuse children that there is a law which punishes those who defile children below the age of fourteen and those who are below eighteen years.

He therefore urged the masses to know and understand the implications of this fact on their conduct. President Museveni again urged the people to use the infrastructure laid down by the government and try to banish the phenomenon of poverty from their own families and the country as a whole.

Earlier, the president addressed teachers and students of 23 post-primary institutions who gathered at Kamuli boarding primary school. He told them that Africa is the most backward continent in the world because its productive forces, that is science, technology and management skills, are not developed. He told them that other factors which characterized Africa's backwardness, Uganda inclusive, are lack of integrated economy, narrow markets, and lack of conceptual independence. [passage omitted]

ZAMBIA

UNDP To Assist in HIV/AIDS Program

91WE0534A Lusaka *TIMES OF ZAMBIA* in English
19 Aug 91 p 3

[Article: "Most Zambians Still Ignorant...."]

[Text] An AIDS expert has called for more work in educating the masses on the disease in the country.

Dr. Katele Kalumba, a senior fellow in community health at University of Zambia (UNZA) said at a Society for Women and AIDS in Zambia (SWAAZ) annual general meeting in Lusaka yesterday that a considerable number of Zambians were not educated on the disease.

He urged higher institutions to incorporate lectures on AIDS in the students' programmes.

Patron of the society, UNIP Member of Central Committee Cde. Mary Fulano said AIDS was not a medical problem but a social, economic and political one which required the involvement of each and every individual in Zambia.

She urged SWAAZ to create projects to control the 'high risk' problem existing because of 'call girls' who lined up the streets at night.

The most important step to make was to initiate behavioural change in society by disseminating information in local languages, holding seminars and making full use of the mass media.

She said orphans, often called "children in distress" should be treated as a priority because they were left helpless as most relatives had large families to look after and could not take on extra burdens.

And the United Nations Development Programme (UNDP) has approved K30.6m to aid the prevention of AIDS in Zambia.

The latest edition of the United Nations ZAMBIA NEWS says a total of K30,625,000 will be used on the HIV-AIDS pilot project which started in July.

UNDP residents representative in Zambia, Mr. Alieu Sallah was quoted as saying that the two year HIV/AIDS project which would be implemented by the Zambia National AIDS Prevention and Control programme (ZNAPCP) and executed by the United Nations Volunteer Service was aimed at helping Zambia on HIV/AIDS prevention education, care and counselling.

The UNDP would provide United Nations volunteers technical support using a multi-sectoral team approach to develop community-oriented approaches to prevention, care and support of people living with and affected by HIV/AIDS.

Mr. Sallah said during the two year project's life, attention would be on the promotion of poverty alleviation and income generating programmes for affected households and communities.

He said the HIV/AIDS pilot project was designed to support ongoing HIV/AIDS related activities by putting emphasis on a pilot demonstration model of placing a multi-disciplinary team of three to work at district level.

The project would start with three teams which will be in Lusaka Urban district, Mansa, in Luapula Province and Livingstone in Southern Province.

"UNDP's involvement in the process of increasing its support to AIDS prevention and control activities is in response to the UNDP, governing council decision of February last year which called upon UNDP field officers to respond effectively to the problems of HIV/AIDS within the framework of national HIV/AIDS programmes."

ZIMBABWE

AIDS Claims 125 in Bulawayo Apr-Jun 1991

MB2410083291 Harare *THE HERALD* in English
15 Oct 91 p 1

[Unattributed report: "AIDS Claims 125 Bulawayo Victims"]

[Text] At least 125 people died of AIDS in Bulawayo between April and June this year, according to City Health authorities.

In addition, 79 others died of tuberculosis during the first half of this year.

A report released by the Bulawayo City Council's director of health services, Dr. Barnett Nyathi, said the figure of 125 was an underestimate because many other AIDS-related deaths were not recorded.

Out of the 125, 71 were males while 54 were females. The highest number of AIDS-related deaths occurred among children under the age of four, followed by the 20 to 29 age group. Ten of the dead were over 50 years old.

The report said between January and June, 46,134 people were treated for sexually transmitted diseases, [STD] and out of that number, 32,989 were men.

An additional 6,761 women suffered from a pelvic inflammatory disease, which is a complication resulting from untreated STD.

Official Says Men Seeking Virgins To Avoid AIDS

*MB2710133691 Johannesburg SUNDAY TIMES
in English 27 Oct 91 p 15*

[Report by Dawn Barkhuizen: "Where a Condom Comes With Your Pay Packet"]

[Text] The men of Zimbabwe are seeking out virgins for their sexual encounters. In a country where AIDS is rampant and where everyone has a relative, friend or employee with the disease, promiscuous men are looking for young, "clean" women for sex.

This is the finding of Dr. Sunanda Ray, an executive member of the Women and AIDS Support Network of Zimbabwe.

As a result, there has been an increase in the number of girls from younger age groups who are sexually molested and abused, a Harare-based paediatrician said. This has pushed up the incidents of AIDS at schools.

The disease, having permeated Zimbabwe from trucking routes of the north, is now reaching critical levels.

It has reached across the colour divide and into every level of society—even affecting high-ranking government officials.

For those in the medical profession, AIDS is part of daily life. Not only do doctors and counsellors deal with AIDS at work every day, but almost all say they have lost relatives and friends from their own circles.

By early 1991, 7,441 people were reported to have full-blown AIDS—up from the 4,362 of 1991 [date as published], says Dr. Evaristo Marowa, co-ordinator of the National AIDS Control Programme. Between 500,000 and 700,000 are thought to be HIV-infected.

The World Health Organisation [WHO] believes this figures represents only 25 percent of the true number.

Mr. Richard Hore, executive director of Zimbabwe's biggest medical aid society, Cimus, said this was borne out by the fact that few of the people referred for blood tests reported to the pathology laboratories to be tested.

Over the past three weeks, one practitioner reported, only eight of the 52 people referred to a laboratory had bothered to turn up for their tests. AIDS has become the biggest killer of children in Zimbabwe. A local paediatrician said 70 percent of all children dying in Zimbabwe's hospitals were suffering from AIDS-related diseases.

Zimbabwe's Minister of Health, Dr. Timothy Stamps, is on record as saying that the disease is "truly a knife at the heart of the nation" and had killed 30 percent of Zimbabwe's children before they reached the age of five.

A paediatrician said: "When a mother brings in a sick child, I frequently find the entire family is riddled with AIDS."

Dr. Marowa said diseases like shingles, usually occurring in the elderly, were beginning to manifest themselves in younger people. TB had increased by 39 percent within a year—between 50 to 70 percent of TB patients were found to have AIDS.

In a bid to combat the disease, the Ministry of Health has embarked on a massive AIDS education programme. Officials travel the countryside giving lectures and handing out condoms (more than 15-million last year).

While Dr. Marowa believes the general level of awareness has risen to more than 85 percent, he does not expect behaviour patterns to change overnight.

Sister Noreen, a Catholic sister working with AIDS victims, said Zimbabwe was still in the "denial stage".

People were not sufficiently educated, said Father Chad Gandiya, chairman of the AIDS Counselling Trust. Condoms were frequently found strewn across the countryside and small children used them as balloons, he said.

A recent survey among prostitutes revealed that, while aware of the dangers of AIDS, the women did not use condoms because their clients resisted the idea. Desperately poor, many of the street women said they had no alternative means of supporting themselves.

More frightening, however, than the number of people already suffering from AIDS is the number that doctors and scientists predict will be infected within the decade.

WHO projects a rapid increase in AIDS in the early 1990s. The standard United States Impact Model estimates that more than 1.7 million people—20 percent of the population—will be HIV-positive by the year 2000. Of this number, about half would develop full blown AIDS within 10 years, perhaps all within 20 years, Dr. Marowa said.

Dr. Stamps has, predicted that 14 percent of all children would be orphaned by the age of 10.

The government is planning to build orphanages to avoid a similar crisis to that in Uganda where AIDS has eroded the traditional African extended family to the point where children have no relatives to take them in. Ugandan diplomatic sources said there were 50,000 homeless orphans in June.

For the medical aid societies, the impact of AIDS will be crushing. Cimus predicts a 208 percent increase in the number of AIDS cases on its client roll within the next four years. Mr. Hore believes his organisation will collapse under the burden of AIDS.

Mr. Myles Zato, Harare city council amenities director, said if the situation reached the same proportions as that of neighbouring Malawi—35 percent of the population is infected and local priests are reported to be conducting 40 to 50 cremations a day—Harare would run out of cemeteries and coffin wood.

Apart from the human suffering, the disease also has disastrous implications for business because 60 percent of AIDS sufferers are between 20 and 40 and live in urban areas.

Employers, faced with the prospect of losing 60 percent of their workforce within the next 10 to 20 years, have started AIDS education programmes on their shopfloors. Many of the big companies, including Cimus, hand out condoms with their pay packets every Friday.

For South Africans, the most ominous warning lies not in the repeated claims by Zimbabwean medical practitioners that South Africa could be in a similar boat within five years, but in a recent report in a local Zimbabwe newspaper.

The newspaper reported that a local boxer, refusing to undergo the AIDS test that would allow him to fight in his country, had relocated to South Africa to pursue his career.

Strategies for AIDS Control

91WE0419B Beijing YIYAO XINXI LUNTAN [CHINA MEDICAL TRIBUNE] in Chinese 30 May 91 p 1

[Text] Not long ago, an international cooperation conference on preventing and controlling AIDS in China was sponsored by the Ministry of Health, WHO, UNICEF, and UNDP. The meeting not only discussed preventing and controlling AIDS in the world and in China, but also the mid-term (1990-1992) plan for controlling AIDS in China.

In order to effectively prevent and control the happening and spreading of AIDS in China, the Ministry of Health has proposed long-term goals and basic strategies for preventing and controlling AIDS in China.

The long-term goals

- 1) prevent the spreading of AIDS,
- 2) reduce the disease and death caused by HIV
- 3) reduce the impact of AIDS on the individual, family, population and society

The mid-term goals

- 1) step up education and widely promote preventive knowledge
- 2) establish AIDS monitor system
- 3) prevent medical infection and insure blood safety
- 4) provide treatment and counseling for the patients

The strategies

- 1) prevent sexual spreading of AIDS
- 2) prevent blood spreading of AIDS
- 3) prevent the spreading of AIDS via pregnancy
- 4) reduce the impact of AIDS on the individual, group, and society
- 5) improve reporting of disease and monitoring of the epidemic
- 6) develop scientific research

The Ministry of Health has recently issued mid-term planning notices for preventing and controlling AIDS and requested the regions to implement the plans rigorously.

'Dwarf' Mouse Produced

91P60273A Shanghai WEN HUI BAO in Chinese
9 Jun 91 p 1

[Article by Zhang Ziqiang [1728 5261 1730] and Wang Weixi [3769 4850 1585]]

[Summary] A 'dwarf' mouse research animal for AIDS and hepatitis B viral experiments, has been produced by

the Shanghai Second Medical University, a breakthrough in Chinese biological research. The researchers have adopted a new system, crossbreed-reciprocal cross-reciprocal cross-back cross, to produce the hybrid. The cross of two defective parents, the cell immune function-deficiency male and the natural killer cell-deficiency female, produces this super-immunodeficiency 'dwarf' mouse. Because of its serious immune system deficiency, the 'dwarf' or 'human' mouse is able to accept the virus-infected human cells and maintain their proliferation indefinitely. Instead of conducting AIDS and hepatitis B research in human bodies and chimpanzees, the 'dwarf' mouse makes a better and a cheaper test animal for such purpose. To date, ten generations of this species have been obtained for studying the AIDS mechanism and human cell biology.

China Spares No Effort in Fighting Spread of AIDS

54004802B Beijing CHINA DAILY (NATIONAL)
in English 24 Jul 91 p 3

[Text] Kunming (Xinhua)—China has stepped up measures to prevent and control AIDS since the first case of the disease was reported in the country in 1985.

A recent national seminar in Kunming, sponsored by the Ministry of Public Health, was attended by over 50 experts who discussed effective steps to take in the fight against the disease.

Although China is among the countries with the lowest number of reported AIDS cases in the world, its government and the medical community have remained on constant alert since the first patient was diagnosed at the Peking Union Medical College Hospital, in June 1985.

Along with increasing international contacts and the development of tourism, China is faced with a growing threat of AIDS, which has worsened in recent years with the spread of drug trafficking.

According to the ministry's statistics, 493 people have tested HIV positive, five of whom were identified as suffering from AIDS, from 1985 to 1990, as the result of blood tests administered to 480,000 people throughout the country.

Eighty-three of the 493 were foreign, including three AIDS patients.

Further studies have shown that blood transfusions or sexual activities are major channels of spreading AIDS in China, but no-one was found to have inherited the disease from their parents. A ministry official warned, however, that "the possibility of AIDS inheritance cannot be ignored."

In 1989, China passed "the law to prevent and control infectious diseases," which classified AIDS and two

other venereal diseases—gonorrhea and syphilis—as second grade infectious diseases.

In February, 1990, a national AIDS prevention and control commission, and an expert committee, were formed to guide the work and supervise the nation-wide campaign against AIDS.

In South-west China's Yunnan Province, where the largest number of HIV positive persons has been identified, over 1.6 million yuan has been earmarked for AIDS prevention programmes.

The campaign extends from the border areas to inland cities, including Kunming, Dali, Baoshan and Lincang, where anti-AIDS publicity programmes operate hand in hand with the struggle against drug trafficking and prostitution. The programme is extremely important since most AIDS victims in China are drug addicts who became infected when sharing needles to inject drugs.

The country has strengthened efforts to prevent other venereal diseases which are regarded as a precondition for the spread of AIDS. Informed sources say that the incidence of venereal disease has increased dramatically in many open cities over the past two years.

China now provides medical care programmes for those who test HIV positive, and scientists have spared no effort in the search for an AIDS cure. Their efforts have resulted in a number of unique agents which are made from traditional Chinese herbal medicines, and which have proved to be effective in checking the development of AIDS virus.

An official from the World Health Organization said that China has an excellent country-town-village epidemic prevention system in rural areas, and that this factor will be of great importance in curbing the spread of the AIDS virus. In addition, the official said that such activities will be of great benefit to mankind if the efforts to combat AIDS are successful.

The Development of Enzyme-Linked Immunosorbent Assay for the Detection of Anti-Human Immunodeficient Virus Using Synthetic Peptide Antigen and its Application

54004801B Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 9 No 3 Aug 91 p 159

[Article by Zhou Wenda [0719 2429 6671], Cao Xikun [92580 6932 09810], et al.]

[Abstract] An enzyme-linked immunosorbent assay (ELISA) for the detection of anti-human immunodeficient virus (anti-HIV) using synthetic peptides was developed. Thirty-one anti-HIV positive sera were tested with 5 synthetic peptides. The results showed that all of

31 positive sera reacted with peptide 1 (aa 584-609) and 30 of them reacted with peptide 2 (aa 604-618). None of 158 negative sera reacted with peptide 1 or 2. Peptide antigens coated on microtiter plates were stable for 3 months at 4 degrees C. It is a simple, fast, highly specific and sensitive method which is suitable for blood donor screening and early diagnosis of HIV infected people.

Newspaper Says AIDS Sufferers 'Ostracized From Society'

HK3009092691 Hong Kong AFP in English 0838 GMT 30 Sep 91

[Text] Beijing, Sept 30 (AFP)—AIDS sufferers in China are completely ostracized from society, denied proper medical treatment in some areas and unable to find jobs, a newspaper here said Monday.

The official HEALTH NEWS said that authorities in Shanghai and in Guangdong province were trying to devise ways to limit discrimination against carriers of the deadly virus.

"The panic of the masses over AIDS and their discrimination against carriers and sufferers is intensifying day by day," the paper said.

It said one man from nearby Hebei province, who recently died in hospital here, was forced to come to the Chinese capital for treatment after he caused panic in a local hospital.

After being admitted, half the other patients moved out for fear of contracting acquired immune deficiency syndrome (AIDS). Other local residents demanded that his entire family be forced to leave the area.

In May, nurses at a hospital in Guangzhou, the capital of Guangdong, refused to draw blood from a patient when they were told he had the deadly disease.

In Zhejiang province, an AIDS carrier has been turned away by all potential employers since he graduated from university last year, while his parents have also run into difficulties.

In other places, shops refused to take money from AIDS carriers because of unfounded fears that the virus could be passed on by touching the currency, the paper said.

The paper said the main reason for discrimination was lack of knowledge about AIDS, which is usually passed by sharing contaminated needles, exchanging bodily fluids or blood transfusions.

Lack of adequate management of AIDS carriers was also to blame, it said.

Latest figures show that China has nearly 500 known AIDS cases, with heroin addicts making up the bulk of them.

INDONESIA

Minister Discloses 11 Deaths Out of 35 HIV Cases

BK1110025091 Jakarta THE JAKARTA POST
in English 4 Oct 91 p 11

[Excerpt] Jakarta (JP)—Eleven Indonesians have died from AIDS, says Health Minister Adhyatma.

Adyatma said here Wednesday the 11 were among 35 Indonesians affected by the HIV (human immunodeficiency virus).

Speaking to reporters upon arrival from Maldive Islands, the minister said the Indonesian Government was determined to take serious measures against AIDS by educating the country's young people about the disease. [passage omitted]

JAPAN

Dainippon Discovers Material To Curb AIDS Virus

OW1909011291 Tokyo KYODO in English 0044 GMT
19 Sep 91

[Text] Tokyo, Sep 19 KYODO—Dainippon Ink and Chemicals Inc., along with university professors, has discovered a new material which restrains multiplication of the AIDS [Acquired Immune Deficiency Syndrome] virus, an industrial daily reported Thursday.

The material is a derivative of oligosaccharide, which is highly effective in controlling the AIDS virus but features extremely low toxicity, the NIHON KOGYO SHIMBUN said.

It was proved within a test tube its toxicity is less than one- 100th of that in AZT, the only medicine in use at present for AIDS, the paper said.

SOUTH KOREA

Number of AIDS Cases Reaches 158

SK0210022791 Seoul THE KOREA HERALD
in English 2 Oct 91 p 3

[Text] The Ministry of Health and Social Affairs said yesterday that a man in his 20s was found infected with the AIDS virus in September.

The 28-year-old man, identified only as An, said he had sexual relations during his recent overseas trip, according to the ministry.

So far, 158 Koreans have been found infected with the acquired immune deficiency syndrome, of which 13 have died, one has left the country, and the remaining 144 are under special government care, the ministry said.

MALAYSIA

Paper Reports on Death of 3 AIDS Victims

BK1609125691 Kuala Lumpur NEW STRAITS TIMES
in English 14 Sep 91 p 10

[Text] Kuala Lumpur, Fri.—Three AIDS carriers, including a foreigner, died at the General Hospital here recently, National AIDS task force chairman Dr. Jones Varughese said today.

This brings to 26 the number of people who have died from the incurable disease in the country. Four others have been admitted with the terminal disease.

Dr. Varughese declined to say if the latest victims of AIDS belonged to any of the high-risk groups.

In an interview, Dr. Varughese, who is also the director of health services in the Health Ministry, said to date, 1,365 people had been infected with the Human Immuno-deficiency Virus (HIV) which causes AIDS.

"We don't want to give such figures as we do not want to create panic but alert the public on the seriousness of the disease," he said, adding AIDS was no longer restricted to high-risk groups.

The Ministry was also concerned with the continued misconception among locals that AIDS was a foreign disease, although many locals have died from it, he added.

Said Dr. Varughese: "We have now established that local transmission of AIDS is occurring and steps have to be taken to contain the problem."

He reminded the public that apart from the high-risk groups—intravenous drug users, prostitutes and prisoners—even ordinary people could be AIDS victims if they practised high-risk behaviour.

He said what was tragic was that the disease could be passed on to an innocent spouse or the couple's children.

The baby or children of a spouse of an AIDS victim faces a 20 to 40 percent risk of becoming a HIV carrier according to recent studies.

Those not infected with the HIV may end up being orphans after their parents' deaths from AIDS.

Dr. Varughese added that to curb the AIDS problem, it was imperative that the public revert to traditional values and change their life-styles.

Twenty-seven AIDS Victims Die; 1,365 Test HIV Positive

BK3009145091 Kuala Lumpur Radio Malaysia
Network in English 1330 GMT 30 Sep 91

[Text] Twenty seven of the 32 known AIDS victims in the country have died, while 1,365 people have tested positive for the human immuno-deficiency virus, HIV,

which causes the disease. Health Minister Datuk Lee Kim Sai says 90 percent of the victims and HIV carriers were drug dependents. Of the number, 485 people or 35 percent of the carriers were detected in Johor.

Although Malaysia counted for only 0.8 percent of the AIDS cases in the Asia-Pacific region, the government still views the situation seriously. He told reporters this after presenting certificates to 322 nurses at the Sultana Aminah General Hospital's Nursing School in Johor Baharu. Datuk Lee said the authorities were taking appropriate measures to check the spread of the deadly disease. They include conducting a campaign on the need for a healthy lifestyle. In addition, the government was studying whether to set up separate centers for AIDS patients seeking medical treatment.

NEW ZEALAND

Health Secretary Says Country Free of AIDS, HIV

BK0510105091 Hong Kong AFP in English 0123 GMT 5 Oct 91

[Text] Avarua, Oct 4 (AFP)—The Cook Islands are free of both Acquired Immune Deficiency Syndrome (AIDS) and the Human Immuno Virus (HIV) that causes the disease, according to the South Pacific nation's secretary of health, George Koteka.

Tests on some 2,000 of the island's total population of 18,000 people since 1987 have detected neither HIV nor AIDS.

Koteka said that although the islands remained free of the virus, the ongoing awareness campaign should continue.

Workshops for secondary school teachers will be held later this year to prepare them to introduce AIDS education in 1992.

Education Secretary Lionel Brown said the plan to teach high schools pupils about AIDS was a sensitive one, but stressed that the programme would focus on general awareness, not explicit details. "The emphasis would be on prevention and precautions," he said.

Koteka, a medical doctor, said he was concerned that neither Tahiti nor American Samoa had initiated AIDS programmes, given the Cook Island's close relationship with them. "Through working together we would be better able to control the virus in the region," he said in an interview.

PHILIPPINES

Government Conducts AIDS Education Campaign

HK2609061191 Manila PHILIPPINES NEWSDAY in English 26 Sep 91 p 1

[Article by Danilo P. Lucas]

[Text] The Acquired Immune Deficiency Syndrome (AIDS), which health Secretary Alfredo R.A. Bengzon

described as a "terrible disease," claimed its 32nd victim—a male homosexual balikbayan [returning filipino] from Spain—last Saturday.

Expressing alarm over the significant increase of AIDS cases in the country, the Department of Health admitted that the surveillance data showed that the human immunodeficiency virus (HIV)—the AIDS-causing virus—had been significantly affecting certain groups of Filipinos earlier regarded by Department of Health (DOH) officials as unlikely recipients of the infection.

The present infection rates indicated that HIV was no longer confined to commercial sex workers or their foreign clients, but already included seamen, students, professionals, and housewives.

The AIDS registry under the National AIDS Prevention and Control Program (NAPCP) of Dr. Ricky Hernandez indicated that a growing number of Filipinos who have worked and traveled abroad and other men were significantly contributing to the HIV reservoir.

The warning is definite: Science has yet to discover a formula that can cure AIDS. But likewise the message is clear: Only the individual himself can present the entry of this virus into his body. Inasmuch as there is no known cure or vaccine against AIDS, the only means of protection is the correct information.

The stigma caused by AIDS prompted concerted action from foreign institutions, governments, non-government organizations, and the private sector aimed at preventing the proliferation of this scourge.

Spearheaded by the DOH, the government, with the active participation of various NGOs [non-government organizations] has been conducting a massive education campaign to apprise the public about the "myths and misconceptions" of AIDS.

The thrust of this nationwide information drive is to educate the general public to enable them to protect themselves from the disease as well as alleviate the stigma on and trauma of the AIDS patients.

The DOH and various NGOs have been working hand in hand to inform the Filipino people that AIDS could be definitely prevented.

The private sector, on the other hand, has expressed willingness to support the programs and services of the government and NGOs.

In fact, a physician said the hospitalization and burial expenses of the latest AIDS fatality were shouldered by Mrs. Zobel de Ayala.

the doctor, who refused to be identified, said the AIDS victim met Mrs. Zobel on his way back to the Philippines. He narrated to Mrs. Zobel his plight. Mrs. Zobel,

who comes from a family of philanthropists, immediately pledged financial help.

DOH sources said Mrs. Zobel would initiate a fund campaign among her friends for AIDS victims.

Aware of the important role of the NGOs in the prevention of AIDS, the DOH gave to four non-government institutions five projects aimed at "testing strategies to educate various target audiences in Metro Manila."

The projects, which received a grant of P [Philippine pesos] 560,000 each focus on high-risk groups, specifically male sex workers, overseas contract workers, and men who have sex with men.

The P2.6-million grant was donated by the United States Agency for International Development (USAID) through its AIDSCOM Project.

Recipient NGOs of the grants were the Health Action International (HAIN), led by Dr. Michael Tan; Institute for Social Studies and Action (ISSA), under Dr. Florence Tadiar; The Library Foundation (TLF), headed by Schubert Caesar Austero; and Stop Trafficking of Pilipinos Foundation, Inc. (STPFI) led by Dr. Minerva Laudico.

UN Body Warns of AIDS 'Explosive Epidemic' in Asia-Pacific

HK0710052391 Manila Far East Broadcasting Company in Tagalog 0100 GMT 7 Oct 91

[Text] The Acquired Immune Deficiency Syndrome [AIDS] continues to spread in the Asia-Pacific region. According to the United Nations Economic and Social Commission for Asia and the Pacific [ESCAP], the incidence of AIDS in the region is worsening and could turn into an explosive epidemic in the mid-1990s. ESCAP said that the growing numbers of AIDS and drug abuse cases will be the center of a health crisis in the region. It was said that from just a handful in 1988, there are now 500,000 AIDS virus victims. ESCAP holds its fourth ministerial conference in the country from today until 11 October.

SINGAPORE

Health Ministry—10 More Infected With AIDS Virus

BK2709125691 Singapore THE STRAITS TIMES in English 26 Sep 91 p 1

[Article by Yap Koon Hong]

[Excerpts] Ten more Singaporeans have been infected by the AIDS virus in July and August bringing the total number so far this year to 30, almost twice as many as the 17 cases reported for the whole of last year.

The Health Ministry, which released the latest figures yesterday, also said that five foreigners were found to have the virus during this period and have been repatriated.

While the ministry did not give a reason for the sharp rise, it noted that all 10 Singaporeans, nine of whom were men, contracted the disease through casual sexual contact. [passage omitted]

The ministry's permanent Secretary, Dr. Kwa Soon Bee, who chaired the first of a regular series of the ministry's dialogues with the media during which the AIDS update was given, said that the rise in AIDS cases was a cause for concern.

He stressed the need for the public to take simple precautions, saying that prevention was still the best safeguard even though the ministry had all the necessary precautions for public safety in place. [passage omitted]

In reiterating the safeguards for public safety, he said that this included strict multiple screening checks against AIDS contamination, especially in blood donation.

All blood donated is screened thoroughly he said, adding that unscreened blood from donors is never used and always kept separately from blood which has been screened. No blood is released until it is checked by the ministry, he said.

The latest figures bring the total number of those who contracted the HIV virus, which is linked to the disease, to 91. Of this, 32 have succumbed to the full disease and 21 among them with full-blown AIDS have died.

THAILAND

Twelve Million Dollars Allocated To Fight AIDS

BK0809020691 Hong Kong AFP in English 0850 GMT 7 Sep 91

[Text] Bangkok, Sept 7 (AFP)—Thailand has allocated 308.9 million baht (12.36 million dollars) to fight Acquired Immune Deficiency Syndrome (AIDS) during the 1992 fiscal year, the state-owned THAI NEWS AGENCY (TNA) said Saturday.

The money will go to 14 government agencies for anti-AIDS projects during the fiscal year from October 1, TNA quoted Phichai Watsanasong, spokesman for the National Legislative Assembly's budget scrutiny committee, as saying.

The Prime Minister's Office will get 100 million baht (four million dollars) for a media campaign aimed at raising public awareness of the disease, which kills its victims by destroying the body's immune system, Bhichai said.

AIDS activist and minister attached to the Prime Minister's Office Michai Wirawathaya will administer the grant, he said.

The Interior and Public Health Ministries were allotted respectively 2.55 million and 2.32 million dollars.

The Population and Community Development Association (PDA), an independent non-governmental organization, estimates that there could be up to 300,000 carriers of the virus that causes AIDS in Thailand.

Michai has said about six million Thais could have full-blown AIDS by the year 2000.

Prostitutes rank first among AIDS-carriers, followed by intravenous drug users, he said. The PDA study estimates that between 45 and 55 percent of the country's estimated 200,000 prostitutes carry the virus.

Thai-U.S. Talks Underway on AIDS Vaccine Tests

BK2709021591 Bangkok *THE NATION* in English
27 Sep 91 pp A1, A3

[Text] US and Thai army officials are discussing a protocol for possible testing of a "promising" anti-AIDS vaccine with HIV- infected Thai Army regulars voluntarily participating, informed sources told *THE NATION* yesterday.

US and Thai army sources said the vaccine being developed, GP 160, had already been tested on hundreds of US Army personnel at the Walter Reed Army Medical Centre and that the tests had produced "satisfactory results".

But the sources said the protocol had yet to be finalized and forwarded to the Thai Army leadership for endorsement before the project could get off the ground.

It is now only in the formulation stage. The project would have to pass an evaluation by the Thai Army Medical Department and the Human Use Committee consisting of medical science experts, social workers and other scientists which would consider whether this vaccine should be used on Thai citizens," one source said.

He said the project would also have to win support from Army Commander in Chief Gen. Suchinda Kraprayoon, who will assume the top Supreme Command post next month, for final approval.

The whole process would take months and, if approved, the project might get under way in the first half of next year, he added.

This type of medical test is called "postinfection vaccination" which, according to results of initial tests published in the July edition of *THE NEW ENGLAND JOURNAL OF MEDICINE*, could lead to development of a vaccine to boost the immunity of AIDS patients. If proven clinically successful, the new approach could also help define a protective immune response relevant to the prophylactic use of vaccines, according to the article.

About 30 infected persons, including possibly some civilians, would be recruited on a voluntary basis for the

first phase of testing if the project won endorsement from the Thai military leadership, the sources said.

"We plan to target persons who are desperate in their fight against the fatal disease," one informed source close to the on-going discussions said.

"Those to participate in the project must sign documents showing that they indeed are doing it of their free will, that they can pull out of the testing at any time they want, and that they will be given extensive medical care afterwards," he said.

The source said the US Army offered Thailand last December a substantial aid package, including millions of baht worth of special medical equipment, if Thailand agreed to join hands with the US Army.

An indirect benefit would be enhancement of Thai medical technology on AIDS treatment and prevention and genetic engineering.

The Thai side is negotiating for Thai volunteers to receive the same non-monetary benefits which the US Army granted its personnel who took part in the test.

He added that if the vaccine, now being tested at the US Army's Walter Reed Army Medical Center, was proven effective and became commercially available, Thailand would be able to buy the vaccine below the market price.

"Testing the vaccine on Thais would also help prove whether it would work on the Thai population as a whole, since they have a slightly different strain of AIDS virus than that found in America. Plans are being drawn up to send the AIDS virus found in Thai patients to the United States for the production of a vaccine that would best suit the Thai people," he said, adding that this process would take about two years.

According to AIDS experts, GP 160 is prepared by breaking down the HIV virus, then through genetic engineering transforming it into a harmless virus found in insects. The virus would then be injected into a human body to stimulate anti-bodies to protect against the HIV virus while not actually causing the disease.

They added, however, that vaccinated persons would test positive for AIDS on normal medical equipment used at hospitals even though they did not have the HIV virus.

A well-informed Thai source said that if the Royal Thai Army turned down the US proposal, the AIDS Centre at Chulalongkorn Hospital would be ready to enter into an agreement with the US side to launch the experimental project in Thailand.

The US Embassy in Bangkok yesterday confirmed that discussions between US and Thai officials about possible testing of HIV vaccines in Thailand were under way.

"These discussions, which began early this year, were motivated by Thai and US concerns about the spread of

AIDS. These discussions arose in the context of Thai concerns about the rapid rise of HIV-positive testing among Thai military recruits," said embassy spokesman James Williams.

However, Supreme Command Spokesman Gen. Narudol Detpradiyut sought to downplay the possibility of the Thai military joining the testing programme.

"Why must the Americans travel all the way here to test the vaccine? I don't think it will be possible because Thai troops are not guinea pigs," he said.

Minister Says U.S. AIDS Vaccine Test Needs Study

BK2809025191 Bangkok *THE NATION* in English
28 Sep 91 pp A1, A3

[Text] The government or any other responsible Thai agency must carefully consider the US Army's proposal to test an AIDS vaccine on Royal Thai Army personnel before making a commitment, PM Office Minister Michai Wirawaithaya said yesterday.

Commenting on a report on the project, he said: "This project involves the use of human beings to test a new drug so it would have to be carefully considered by the government to ensure it is safe." He said a special committee should be set up to study the proposal.

The Royal Thai Army was approached earlier this year by the US Army for a possible joint project to test a new AIDS vaccine using Thai Army volunteers. The vaccine, GP160, was reported to have produced promising results in boosting the immunity system of HIV positive patients. It is also expected that the vaccine, which has been tested on several hundred US Army personnel, might possess some preventive quality against the deadly virus for normal persons.

According to the sources, the project would involve about 30 Thai military personnel and civilians. Those people must be volunteers and the project would not start until it received the go-ahead from the Army Commander-in-Chief and the Supreme Commander.

Meanwhile, Dr. Col. Thawisak Nopkaison, a member of the Thai Army team handling the project, yesterday down played the implications, saying it was aimed at only studying the rate of infection in the Army and was intended to find measures to make soldiers change their activities that lead to AIDS infection. He also said that no vaccine had yet been used on Thai Army personnel.

"The project began about six months ago after we received a grant from the US Army. The aim is to study the rate of increase in AIDS in new recruits six months after they join the army and then two years later. The study would also include teenage civilians. We expect the results would better help us understand what type of activities led them to contract the disease and how we can persuade the soldiers to substitute them with healthier past times," he said.

He added that project is expected to be expanded to cover all army units and tests would be conducted every two years.

Thawisak admitted that there was a very high percentage of new recruits carrying the virus, especially from the upper provinces.

"We found that 15 percent of the new recruits from the upper north provinces now have the virus. It has caused us concern because the figure is higher than would normally be acceptable. So we are trying to find a way to stop it," he said.

But he added that the high rate is only prevalent in the upper north, while about 2 to 3 percent of the recruits from other areas in the country have the disease in line with the HIV-infection rate found in the general population.

Doctor on 'Alarming' AIDS Infection Rate in Songkhla

BK0310032791 Bangkok *THE NATION* in English
3 Oct 91 p A3

[Text] The spread of AIDS here has reached "alarming" proportions with 1,329 people reported having contracted the virus and the number of AIDS carriers estimated to be five times higher, a local public health official said yesterday.

Dr. Chetsada Chongphaibun, chief of Hat Yai Hospital's technical division, said so far 623 men and 706 women in this southern province, well known for the bustling town of Hat Yai, had contracted AIDS.

The doctor said pregnant housewives were among those infected. He did not give the exact number of housewives who tested positive to human immunodeficiency virus (HIV) after having their pregnancies registered with government hospitals and clinics.

Three of the infected persons were suffering from the AIDS-related complex syndrome and most of the others were just carriers, Chetsada said.

The doctor said he believed the real number of HIV-infected people in Songkhla was five times higher than the figure detected by authorities.

Chetsada based his assumption on the fact that most of those belonging to high-risk groups—prostitutes, intravenous drug users and men frequenting brothels—had not yet taken the AIDS test.

The doctor said it was believed that between 7,000 to 8,000 women were working as prostitutes in the province with the number growing to about 10,000 during holidays, but only around 3,000 to 3,500 of them have their health checked regularly.

Chetsada said most intravenous drug users turned up to have their blood tested but very few people who engaged the services of prostitutes were willing to undergo the AIDS test.

The doctor said the virus had also spread into the province's rural communities where new brothels had been opened.

Chetsada said one graphic example of AIDS quietly taking root in rural life was the uncovering of a male teenager who tested HIV-positive.

The teenager was quoted as saying he had sex only with female workers at factories in rural areas whom he picked up on his motorcycle after work hours.

He said he and about 15 other men had been offering free rides home to factory girls and then having sex with them.

The teenager said he had had sex with more than 10 factory girls and was shocked to have contracted the virus from one of the girls.

—A senior Public Health Ministry official said on Tuesday that the number of AIDS patients in Thailand is the sixth highest in Asia.

Deputy Permanent secretary Dr. Pracha Em-amon said the latest information from the ministry showed that there were 171 AIDS patients and 34,701 AIDS carriers in Thailand. Of the number of the disease carriers, 456 of them were babies infected through their mothers with 498 of them being housewives, he added.

However, permanent secretary Dr. Uthai Sutsuk said about two months ago that the statistics from public health office nationwide as of July 15 indicated that there were 364 known cases of full-blown AIDS, 364 cases of AIDS-related complex (Arc) and 31,928 AIDS carriers.

Dr. Pracha did not name the five Asian countries with higher numbers of AIDS cases than Thailand.

At present, the best way to prevent the spread of the fatal disease is to educate the public, Dr. Pracha told reporters after having delivered a lecture at the Bangkok Palace Hotel to doctors and medical personnel at a panel discussion on how to impart knowledge on the prevention of AIDS to the public.

He said the event was jointly organized by the ministry and UNICEF, which had arranged six panel discussions in the past.

Dr. Pracha said he asked doctors to advise pregnant women on how to avoid being infected with the disease. Their babies could also be saved, he added.

He said the plan would be implemented in six provinces—Chiang Mai, Chiang Rai, Payao, Chon Buri, Songkhla and Narathiwat.

AIDS, or acquired immune deficiency syndrome, is caused by a virus that severely weakens the body's natural defence system against disease.

Draft AIDS Law Dropped After Almost 3 Years' Debate

*BK1110013191 Bangkok THE NATION in English
11 Oct 91 p A2*

[Text] A highly controversial draft AIDS law that has been debated for almost three years was summarily dropped after 90 minutes of discussion at Government House by doctors, legal experts and political scientists yesterday.

The Draft AIDS Law Review Sub-Committee, chaired by PM's Office Minister Khunying Saisuri Chutikun ruled that a law for controlling the spread of AIDS in Thailand is "not necessary at this time".

Authors of the draft, Thammasat law professor Kaewsan Athibho and adviser attached to the PM's Office Police Major Yongyut Sarasombat, defended their case against criticism that the law would cause discrimination against AIDS patients.

"This law would not automatically mean that people with AIDS get locked up. It will be selectively enforced depending on the case ...measures will depend on the good judgment of government officials," said Kaewsan.

But Dr. Wirasit Sitthirai of the Chulalongkorn University Population Studies Institute argued that such a system would be open to abuse and lead to the violation of human rights.

The focus of much criticism was the draft's Section III, which empowers government officials to test "persons with AIDS or suspected persons with AIDS", and mete out various levels of punishment to those who fail to comply with regulations.

Minister Urges Eradication of AIDS in G-24 Meeting

*BK1210101191 Bangkok Radio Thailand Network
in Thai 0530 GMT 12 Oct 91*

[Excerpt] Public Relations Department correspondent reported on the meeting of the G-24, or group of developing countries, which began this morning at the Queen Sirikit National Convention Center, venue for the annual meeting of the World Bank and the International Monetary Fund.

The G-24 comprises mainly African countries. The morning session lasted until about 1030 before a short tea break.

In the meeting, delegates exchanged their views mostly on the problems of poverty in developing countries and assistance from developed countries.

At 1100, Michai Wirawathaya, minister attached to the Prime Minister's Office, and Michael Merson, director of the Global Program Against AIDS of the WHO, delivered speeches on the economic impact of AIDS.

Michai told reporters that he was raising the problem of AIDS before the meeting because he felt that it was a serious problem. As long as the problem prevailed in any country, it would have a serious impact on economic development. Therefore, those working in the financial field in every country should be aware of the problem of the deadly disease. Countries faced with a serious AIDS problem would find difficulties in loan repayments.

As for Thailand, Michai said that the country had realized the serious repercussion of the AIDS problem and was implementing radical measures to prevent and tackle the problem. If successful, Thailand would be able to save as many as 35 million Thai people.

Currently, Thailand had become a model country for AIDS prevention, while many countries that had been suffering from AIDS had not yet accepted the fact of the problem. Therefore, countries facing the problem should quickly try to find ways to prevent and eradicate the disease before it was too late, Michai stressed. [Passage omitted]

Country To Become Testing Ground for AIDS Vaccine

BK1510125691 Hong Kong AFP in English 0832 GMT 15 Oct 91

[Article by Anchali Worrachate]

[Text] Bangkok, Oct 15 (AFP)—Thailand, gripped by fear of an AIDS epidemic, is likely to accept a United Nations proposal to become a testing ground for vaccines against the killer disease, a senior U.N. official said Tuesday.

But Michael Merson, of the World Health Organisation (WHO), told AFP that testing would be performed on a strictly voluntary basis, dismissing suggestions that Thais would be turned into "guinea pigs."

Merson, the director of WHO's global programme against AIDS, said Thailand was one of four countries that had been selected by his organisation for the tests. The others are Rwanda, Uganda and Brazil.

The Thai authorities have not yet approved the testing programme, he said. A team from the WHO is to visit here before the end of the month to make a formal approach.

Merson, who has had talks over the past few days with top Thai officials, including Prime Minister Anand Panyarachun, added: "I'm very sure that Thailand will accept our proposal."

He pointed out that the WHO project was entirely separate from one which has been proposed by U.S. researchers to test AIDS vaccines in Thailand, especially among Thai military recruits.

Once it has been accepted, detailed arrangements will be worked out on test procedures including selecting participants, WHO's assistance on the project, and determining which vaccines are to be put on trial, Merson said.

According to the WHO official, visiting the Thai capital to attend annual meetings of the World Bank and the International Monetary Fund (IMF), it will take at least two to three years before actual field work can begin.

"By the year 2000, 90 percent of AIDS cases in the world will be in developing world," he said. "So the vaccines will have to be put to use primarily in the developing world. It will be important to test whether they work in the developing world."

The government estimates that 300,000 Thais are carriers of the HIV virus which in most cases leads to AIDS. Officials say up to 7.5 million could be infected by the end of the century.

Merson said that the WHO test would be voluntary and in accordance with the organisation's strict technical and ethical standards.

"Those who think we are going to turn them into guinea pigs have got it all wrong," he stressed.

"We gave countries the best assurances in the world" against this, Merson added.

He said AIDS had reached such proportions that many government leaders throughout the world "would want to see vaccines tested in their countries."

"It would be crazy for the Thais to think that they shouldn't do it," Merson said.

The U.S. proposal to test vaccines primarily on Thai soldiers provoked outcry when it was made public recently. Some top military officials said the testing should not be allowed and a military spokesman said: "If the Americans want to carry out the tests, why not carry them out on their own troops."

VIETNAM

AIDS Consulting Centers Set Up Nationwide

BK1909072791 Hanoi VNA in English 0643 GMT 19 Sep 91

[Text] Hanoi VNA Sept. 19—The national Anti-AIDS Committee of Vietnam has set up 18 AIDS-consulting centers throughout the country and trained out consultants.

Initially, some centres in Hanoi, Ho Chi Minh City and Haiphong have helped people with information and knowledge on the prevention of the disease.

By July, 1991 the committee had conducted blood tests on 65,018 persons of high-risk groups and so far in Vietnam, only one young woman was tested to be HIV-seropositive.

REGIONAL AFFAIRS

European AIDS Conference Opens in Prague*LD2310080391 Prague CSTK in English 1939 GMT
22 Oct 91*

[Text] Prague Oct 22 (CSTK)—Thirty European organisations and representatives of the World Health Organisation (WHO) met here today to discuss how best to help AIDS victims and people infected with the HIV virus, which causes AIDS.

The conference, which continues through October 26, is organised jointly by the European Council of AIDS Service Organisations (EUROCASO) and the Czechoslovak "Society AIDS-Help" (SAP).

The aim of the conference is to incorporate humanitarian organisations from Central and Eastern Europe into EUROCASO, SAP Chairman Radomir Ruzicka said.

There are 25 registered cases of AIDS in Czechoslovakia, and 155 people have tested HIV-positive. Thirteen people in Czechoslovakia have died of the immune-deficiency disease to date.

HUNGARY

Mandatory AIDS Testing Required for 'High-Risk Groups'*LD1710063091 Budapest MTI in English 1756 GMT
16 Oct 91*

[Text] Budapest, October 16 (MTI)—Mandatory AIDS testing faces certain high-risk groups in Hungary.

The requirement is to remain restricted to this one group, says Social Welfare Ministry senior official Adam Vass, "we have no intention of introducing the compulsory AIDS screening into the population, or foreign visitors, considering the test only reflects a momentary condition."

The test is also available free of charge to the public.

By early October, 28 new AIDS cases had been registered in Hungary (pop. 10.3 million), bringing the overall number since 1986 to 76. Thirty-nine patients have died from the disease already. There are 282 HIV-positives on record, of which 249 are male.

Current figures list Hungary as one of the lesser-infected countries.

YUGOSLAVIA

Over 200 AIDS Cases Since 1985*LD1110083991 Belgrade TANJUG Domestic Service
in Serbo-Croatian 1606 GMT 10 Oct 91*

[Summary] Belgrade, 10 Oct (TANJUG)—The Federal Institute for Health Protection has told TANJUG that 233 AIDS cases were reported in Yugoslavia from 1985 to October this year. Out of that number, 125 have died. The largest number of AIDS cases were in Serbia. There were 137 cases in Serbia, 15 in Vojvodina, four in Kosovo, 37 in Croatia, 14 in Slovenia, 11 in Bosnia-Herzegovina, three in Macedonia, and two in Montenegro.

Another 1,200 people in Yugoslavia have been diagnosed HIV positive.

REGIONAL AFFAIRS

Regional AIDS Conference Opens in Trinidad

*FL0710222391 Bridgetown CANA in English
2039 GMT 7 Oct 91*

[Text] Port of Spain, Trinidad, Oct 7, CANA—A three-day conference, aimed at combatting the spread of AIDS in the Caribbean through education, began here on Monday.

"The Caribbean Community, Sharing the Challenge of AIDS," is the theme of first sub-regional conference of Caribbean AIDS service organizations, which has brought together participants from 20 countries to share experiences in the fight against the deadly disease.

Trinidad and Tobago's health minister, Selwyn Richardson, in a speech to open the conference, stressed the role of education in preventing the spread of AIDS, acronym for Acquired Immune Deficiency Syndrome.

"The key to prevention is education, and the promotion of healthy and responsible sexual lifestyles is of particular importance in the Caribbean where the spread of HIV infection occurs mainly through sexual transmission, and in which heterosexual activity has been rapidly outstripping other modes of spread," he said.

The conference is sponsored by the National AIDS Hotline of Trinidad and Tobago, the Pan American Health Organisation/World Health Organisation (PAHO/WHO), the Caribbean Epidemiology Centre (Carec), the International Council of AIDS Services Organisation (ICASO), the U.S. Agency for International Development, and AIDScom.

BARBADOS

Of 231 AIDS Cases Reported Since 1984, 162 Have Died

*FL1010233891 Bridgetown CANA in English
2025 GMT 10 Oct 91*

[Text] Bridgetown, Barbados, Oct 10, CANA—A 19-year-old girl is among 23 new cases of full-blown AIDS detected in Barbados between July and September, medical officials have said.

Chairman of the National Advisory Committee on AIDS, Professor E.R. "Mickey" Walrond, said the teenager was known to be HIV positive for the past two years.

He said there were 19 deaths during the same period, and the total number of AIDS cases diagnosed, since testing for the Acquired Immune Deficiency Syndrome started here in November 1984, now stands at 231. Of these, 162 have died.

BERMUDA

AIDS Deaths Reach 149 of Total 184 Cases

*FL0410235991 Bridgetown CANA in English
2103 GMT 4 Oct 91*

[Text] Hamilton, Bermuda, Oct 4, CANA—Two more Bermudians have died from Acquired Immune Deficiency Syndrome (AIDS), the island's health department said Friday.

Their deaths brought the AIDS toll in the British West Atlantic colony up to August to 149. A total of 184 cases have been reported to-date.

BRAZIL

AIDS Incidence Rising Among Women

*91WE0515B Brasilia CORREIO BRAZILIENSE
in Portuguese 31 Jul 91 p 5*

[Article by Eliane Sobral: "More Women Are Being Infected With AIDS"]

[Text] Sao Paulo (Special to CORREIO BRAZILIENSE)—The proportion of women infected with the AIDS virus has increased rapidly in Brazil and throughout the world. In 1984 one out of 122 persons infected with the virus was female; in 1991 this proportion has already dropped to one female per seven males. "If this trend continues, the ratio will soon be one to one," says Naila Santos, supervisor of Epidemiologic Vigilance of the Sao Paulo State Secretariat of Health. She took part in the seminar on "Women and AIDS" that was held yesterday by the Municipal Secretariat.

According to Naila, of the 18,118 AIDS cases recorded in Brazil as of last March, 1,993 are women. The highest incidence among women is found in the 15- to 40-year-old age group. "That is to say, the period when fertility is highest among women, and this fact ultimately results in increasing the number of newborn infants who carry the virus," said Professor Joao Yunes, Brazilian representative in the Pan-American Health Organization (PAHO), who also took part in the seminar.

The trend toward an increasing number of women with AIDS is being recorded throughout the world, and not just in Brazil. "In Africa and in the Caribbean," Yunes disclosed, "the proportion has already reached one to one, male to female." He added that although there are not yet any official statistics, it is already possible to establish that the number of pregnant women infected with the AIDS virus is also increasing.

"Few studies have been made concerning this aspect," Yunes said, but it can be stated that the number of pregnant women infected with the virus has increased in recent years. This means," he emphasized, "that the number of newborn infants who carry the virus has also

increased." His surveys show that 50 percent of AIDS-infected children are in the vertical-transmission group. That is to say, they were infected by their mothers either during the gestation period or during delivery, or also—as a third possibility—during lactation.

Transmission

Dr. Naila Santos commented that in addition to the rapid spread of the disease among women, there is another aggravating circumstance, and that is the manner of infection. She says that of the 1,933 women infected in the state of Sao Paulo, 31 percent contracted the disease by using injectable narcotics. "Whereas in northern and northeastern Brazil sexual relations continue to be the primary mode of transmission," she said, "in the state of Sao Paulo the use of injectable narcotics is responsible for the majority of the transmissions."

One statistic that is not yet official indicates the destruction of an AIDS myth that relates to women. According to Alma Aldana of the Mexican Association for Sexual Health—who also participated in the seminar—women also transmit the HIV virus. "In the cities of Los Angeles and San Francisco in the United States," Alma explained, "records show that 1,000 homosexual women have been infected with the virus. It is an item of news that should be studied by the experts in the field, inasmuch as women had previously been considered as incapable of transmitting the disease sexually."

HIV Infected Estimated at 500,000 in Sao Paulo

91WE0515A Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 17 Aug 91 p 8

[Text]

Referral Center Warns of Spread of Infection by Contaminated Hypodermic Needles

The Sao Paulo AIDS Referral Center recorded 338 cases of the disease in the state during June. This announcement coincided with the visit of Michael Merson, director of the WHO International AIDS Program, to Emilio Ribas Hospital. From the time the first case was detected—in 1980—to last month, the disease has been diagnosed in more than 12,000 patients, of whom 8,300 (69 percent) have died.

These data highlight the spread of the disease by means of contaminated hypodermic needles (35.4 percent of all persons infected) and to a decrease in the rate of its spread. In the first seven years of the epidemic the total number of cases doubled annually, whereas from 1988 to 1991 this increase dropped to 60 percent per year. The State Secretariat of Health expects the number of cases to reach 5,700 by the end of this year.

"We cannot allow the situation in Latin America, and especially in Brazil, to become analogous to the situation in Africa," Merson declared. According to WHO's calculations, there are approximately 6 million carriers of

the virus on the African continent, many of whom were infected more than five years ago.

Merson believes that Brazil is in a position to reverse this epidemic situation because the public health professionals have already known for more than 10 years what the disease is, how it is transmitted, and how it is controlled. "A stronger political will to combat AIDS by means of prevention campaigns is needed," he asserted.

WHO believes that the most appropriate means of halting the epidemic is education. "Everyone needs to know that the disease has increasingly spread beyond the risk groups," Merson said.

Public health specialist Maria Eugenia Lemos Fernandes of the AIDS Referral Center agrees. "The government is not giving the necessary attention to the problem," she said. According to the center's calculations, approximately 500,000 persons are carriers of the virus in Sao Paulo state. This figure was obtained on the basis of tests conducted on blood donors and on prostitutes in Santos, Sorocaba, and Campinas.

"This is a shockingly large number of people who will shortly develop the disease," Maria Eugenia warned. She believes that the medical and hospital infrastructure in the state will be insufficient to care for this many patients when these casual infections begin to manifest themselves. "The care available is already quite uncertain, even with only 4,000 patients," she declared.

Fernando Zacarias, director of the Latin America AIDS Program of the Pan-American Health Organization (PAHO), declared that any position Brazil takes toward AIDS prevention is of fundamental importance for all of Latin America. "Brazil is traditionally adopted as an example by the countries of Latin America," he said.

According to Zacarias, AIDS is already epidemic not only in Brazil but also in a number of countries of Central America and the Caribbean. "The situation in Latin America is different from the situation in Africa," he declared, "because people there do not even have a chance to protect themselves from the disease." He believes that in Brazil the picture is different. "We do not have ignorance as an excuse," he said.

AIDS Cases In Greater Sao Paulo Increase

PY1010225391 Sao Paulo FOLHA DE SAO PAULO
in Portuguese 30 Sep 91 Section 4, P 1

[Summary] According to the Sao Paulo State Health Secretariat, since 1980 a total of 12,873 AIDS cases have been registered in this state. Of this total, 8,352 have already died and 2,640 of those still alive are registered as living in Greater Sao Paulo. The number of children with AIDS has increased from one case in 1984, to 121 in 1990, with a total of 451 between 1980 and 31 August 1991.

COSTA RICA

Official Statistics on AIDS Cases Released

PA2509184291 Hamburg DPA in Spanish 1920 GMT
22 Sept 91

[Text] San Jose , 24 September (DPA)—A total of 283 cases of Acquired Immunodeficiency Syndrome (AIDS) has been officially recorded in Costa Rica since the disease was first detected in 1983.

According to official statistics, until August, and based on the above mentioned total, 183 persons have died, 90 have survived, and the whereabouts of 10 persons are unknown.

According to risk factors, 106 of the recorded cases were homosexuals, 390 bisexuals, 27 hemophiliacs, other contagions were caused by intravenous transfusions, perinatal infection, drugs, or by other factors.

It has been estimated that approximately 15,000 persons in Costa Rica may be potential virus carriers.

CUBA

AIDS Sanatorium Opens in Matanzas Province

FL1209175391 Havana Tele Rebelde Network
in Spanish 1700 GMT 12 Sep 91

[Text] A sanatorium for AIDS patients in Matanzas Province has opened this week with 20 patients from that province. The total cost of the facility, including the equipment and furniture, exceeded 550,000 pesos, and it was finished in a little more than six months. The project was built by a brigade from the Mario Munoz Monroy Contingent, which is also in charge of building the provincial hospital. The center for AIDS patients will have 31 workers, including a staff doctor, five nurses, and a dentist who will visit once a week. Each province in Cuba will have a sanatorium of this kind, in great contrast to highly developed countries, where the state does not make budgetary allocations to help persons affected by this disease.

HONDURAS

Health Ministry Reports Increase In AIDS Cases

PA2209153491 Mexico City NOTIMEX in Spanish
1720 GMT 20 Sep 91

[Text] Tegucigalpa, 20 Sep (NOTIMEX)—Honduran Health Ministry confirmed today that the number of Acquired Immunodeficiency Syndrome (AIDS) patients in Honduras had increased to 2,153, after 54 new cases were detected during the month of August.

Enrique Zelaya, head of the Department of Epidemiology stated to the local press that the confirmed cases

includes 492 women, 906 men, 48 minors less than 15 years old, 38 suspected cases, and 427 symptomatic carriers.

In addition, there have been 444 deaths, 546 patients still alive, and 408 persons whose whereabouts are unknown, but who have been confirmed as infected and are a potential danger to society.

According to the statistics from the Health Ministry, the northern city of San Pedro Sula has reported 554 cases, Tegucigalpa 178, Progreso 44, Comayagua 42, and Ceiba 39.

Epidemiologist Zelaya pointed out that 35 minors have been infected by their mothers and that an AIDS infected person can die immediately after contracting cholera.

MEXICO

AIDS Seen Infecting at Least 250,000 by 1994

91WE0559A Mexico City EXCELSIOR STATES
section in Spanish 25 Aug 91 pp 1, 4

[Article by Eduardo Chimely]

[Text] Guadalajara—It is estimated that by 1994 this country will have at least 250,000 people infected with AIDS, Nuevo Leon University Epidemiologist Javier Ramon Jimenez warned today.

During his participation in the Advances in Epidemiology seminar, the specialist claimed that the number of AIDS cases "is increasing faster, in a lesser amount of time." During the past decade, a range of diseases could be treated in hospital epidemiology wards, but now the "disease of the century" patients occupy every available spot in those hospitals, he claimed.

The epidemic, he disclosed, continues to advance due to factors such as the bisexuality of a large number of husbands; drug addiction, which diminishes an individual's psychological and moral defenses; and relations with prostitutes.

According to Ramon Jimenez, AIDS is a predictable disease because human behavior can prevent acquisition of the virus.

He stated that the campaign for the use of condoms as a protective measure does not address the root of the problem, which involves educating people and warning them that sexual promiscuity is incorrect.

In his opinion, campaigns should be educational, and should be initiated gradually in the first years of elementary school, with simple issues, so as not to cause anguish.

He also mentioned cholera, which has recently captured a great deal of attention, and although the number of those who die from this disease is definitely less than

those who die of AIDS, it has nevertheless resulted in a 30 and 40 percent decrease in the budget to combat AIDS.

NICARAGUA

Health Ministry Issues Statistics on AIDS

PA2709212591 Managua Radio Sandino in Spanish
1218 GMT 27 Sep 91

[Text] On 26 September, one of the doctors in charge of the Health Ministry program aimed at preventing the spread of AIDS, reported that 17 people have died of AIDS and 14 others are infected with the deadly virus in the country. Health Ministry sources revealed that the majority of the 14 people infected with the AIDS virus are living in the capital and they were infected by people who brought the virus from abroad. The Health Ministry does not rule out the possibility that other people may have been infected.

AIDS is once again returning to the media after EL NUEVO DIARIO published a letter on 26 September written by one of the 14 AIDS- infected persons, who calls on another young woman to stop spreading the disease among men by exercising her profession as a prostitute.

PERU

Cases of AIDS Through June at 454

PY1010021291 Lima EXPRESO in Spanish 30 Sep 91
p A8

[Summary] According to statistics from the anti-AIDS program, a total of 454 AIDS cases were reported through June, which means there are probably some 50,000 people infected with the AIDS virus who, in the short or medium term, will develop the disease.

ST. LUCIA

Of 31 Known AIDS Victims, 28 Dead

FL1110041691 Bridgetown CANA in English
2035 GMT 10 Oct 91

[Text] Castries, St. Lucia, Oct 10, CANA—The director of the St. Lucia Bureau of Health Education, Edward Emmanuel, has complained of a poor response from the private sector to efforts aimed at curbing the spread of the deadly AIDS disease. Emmanuel, speaking at the launching of a Red Cross anti-AIDS programme, said the response from non-governmental organisations was not encouraging.

"The response from the non-governmental organisations, the community, private sector, and the churches has been slow. The distribution of the AIDS virus is islandwide, and the number of HIV (Human-Immuno Deficiency) persons on record suggests that we in St. Lucia still have a very good chance of controlling the disease," he said.

"The fight against AIDS is not a Ministry of Health fight alone, but a battle which involves all sectors of society. It has to be a collaborative effort...", he added.

Emmanuel said that the programme launched by the Red Cross was timely in that "if the youth of this country is not exposed to learning experiences that will cause them to take the right action against AIDS, it will not be long before many of our young people are infected."

The Bureau of Health on Thursday said that the island had so far recorded 31 cases of AIDS, 28 of whom had already died. AIDS kills by destroying the body's immune system. There is no known cure.

URUGUAY

Over 800 AIDS Cases Registered Since 1983

PY1710151891 Madrid EFE in Spanish 1732 GMT
16 Oct 91

[Summary] Montevideo, 16 Oct (EFE)—A total of 803 AIDS carriers have been detected in Uruguay since 1983, of which 211 have developed the disease and 108 have died.

BANGLADESH

Writer Discusses AIDS Surveillance in Bangladesh

92WE0040 Dhaka THE BANGLADESH OBSERVER
in English 13 Sep 91 p 5

[Article by Geetha Hasan: "AIDS—Emerging Pattern and Issues"]

[Text] The emerging AIDS situation in the country necessitates analysis of current AIDS surveillance in Bangladesh.

So far, seven HIV infected persons have been reported. Of them, the first reported infected person was of Spanish nationality and was sent back to Spain.

Of the remaining six, one died of AIDS related complexes (ARC) and currently there are five HIV infected persons, including one female, in Bangladesh and all these five infected persons live outside Dhaka.

One of the puzzling discoveries of emerging HIV infection patterns in the country is that so far Dhaka has been spared of HIV infected persons.

According to common belief, population in the capital is more vulnerable for infectious diseases like AIDS than population at large in the countryside.

The rationale behind this belief is based on the following:

1) The "risk groups" such as prostitutes, professional blood donors, foreign travellers and STD patients who are vulnerable to AIDS infection are mostly concentrated in the city areas of the country.

2) The city life or behaviour of sections of the people of the cities tends to provide conducive breeding ground for AIDS infection.

3) Cities by their sheer size of population concentration and unmatched health resources fail to trace the infected and thus contribute to further spread of diseases like AIDS.

Viewed from the above rationale, the present pattern of emergence of HIV infected persons i.e. only from outside Dhaka display a false sense of security of Dhaka from AIDS epidemic.

The expert opinion based on the above rationale dictated that AIDS prevention programme activities need to be concentrated more in Dhaka and less in peripheries.

Ironically, the rapidly evolving AIDS situation outside Dhaka although may seem against such expert opinions—does indicate the extent to which AIDS has already made inroads into the community.

Despite the existence of a moderate (in terms of size of the surveillance target) AIDS surveillance network which

is mostly concentrated in and around Dhaka and selectively in Chittagong and Sylhet: the HIV infected persons continue to emerge outside Dhaka and outside the national AIDS surveillance network.

So far all the HIV infected persons have emerged by accident than through the established surveillance network. All except the first reported HIV infected persons had been diagnosed outside the country—particularly in Middle Eastern Countries—as HIV positive and was sent back to Bangladesh. This should crystallise at least two points concerning AIDS detection in Bangladesh.

One, that the actual HIV infected persons are greater in number than what we have taken for granted or formally declared as infected. According to expert opinion, if 7 HIV infected persons are detected and reported, at least 70 are out there in the community undetected and spreading the infection.

Two, that the current surveillance network needs to be expanded (i) in terms of size of the target population for surveillance and; (ii) to include more surveillance sites outside Dhaka (iii) a meaningful collaboration between countries on exchange of information regarding HIV/AIDS detection among expatriates and travellers without violating concerned infected individual's human rights.

How do we expand the current AIDS surveillance among the target population is a question that needs to be addressed sooner than later in order to widen the current AIDS surveillance network.

Apart from the cost involved for an expanded AIDS surveillance, there are other factors which partially explain the difficulties the AIDS surveillance [is] currently facing and will continue to face for some time to come.

i) Institutional/Procedural Barriers within Ministry of Health and Family Welfare (MH&FW): At present, with limited success the MH&FW has installed AIDS surveillance network within its system. There is a long way to go before the installed AIDS surveillance network begins to operate throughout MH&FW's entire system.

ii) Administrative Barriers: Numerous administrative barriers need to be overcome to establish a comprehensive national AIDS surveillance in Bangladesh. Not all target groups identified for AIDS surveillance are regularly in touch with the health care system to complete the task of surveillance. In fact many of them are discreet, mobile and outside the administrative arm of the health care system.

For example, the professional blood donors who frequent private blood collection establishments, emigrants and frequent travellers, garment industry workers, hotel and tourist industry workers are still outside the AIDS surveillance network. Also still outside are the STD patients who frequent private clinics.

Also, the port authorities and prisons need to be brought in a systematic manner into the AIDS surveillance network.

So, unless there is a way found—sooner than later—to bring these groups through administrative procedures, into the national AIDS surveillance fold, the AIDS surveillance in Bangladesh will be of marginal significance and use for assessing and monitoring the HIV/AIDS prevalence in Bangladesh.

iii) Personal/Psychological Barriers: Some of the staff of MH&FW at different levels are yet to give their fullest support to AIDS surveillance activities. While certain amount of resistance can be partially understood from increase in workload for which a system of incentives may be introduced, much of the resistance is of personal and psychological nature.

Misinformation and misconceptions about AIDS among health professionals is also quite high which may provide explanation for the noncooperation of some sections of the staff with AIDS surveillance at various levels.

iv) Surveillance System: It is rather easier in the short run to pluck into an existing system of national surveillance network (if one exists) than to build up a vertical surveillance network for AIDS alone or to integrate AIDS surveillance into an emerging national surveillance system.

In Bangladesh we do not have an existing national surveillance network into which AIDS can be conveniently plucked into. For example there is no national STD prevalence data available due to absence of a national surveillance system and network. A national and comprehensive surveillance network is yet to be developed for all infections and causes of death.

Nor do we have extensive resources to build a vertical AIDS surveillance network. Even if resources are found initially from donors, the nature of target population of AIDS and long term sustainability of a vertical AIDS surveillance will render the entire operation a flop.

The emerging national surveillance network and system under the Institute of Epidemiology and Disease Control (IEDCR)'s direct guidance and technical competence will take a few more years to take shape and to come into full operation. AIDS surveillance cannot wait until then. Time is one thing AIDS prevention does not have.

v) Motivational Barriers: Lastly, no amount of surveillance efforts are likely to succeed unless the target population vulnerable to AIDS infection are motivated to freely participate in the surveillance activities.

Greater community effort must be mobilised to remove fear, social stigma, discrimination and taboos that are attached to STD/AIDS infections, so that people volunteer to have their blood screened for not only AIDS but also for other infections including Hep. B. virus.

The elite, educated, enlightened, idealists and the pragmatists all should mobilise and set examples to others in removing the social and behavioural veil attached to AIDS so that individuals seek health care for themselves, for their family and for their community.

Of course, the motivational barrier is the hardest of them all to overcome and needs to be overcome and it takes time too. While we work towards motivating individuals to volunteer and for screening the other barriers should be tackled thorough political and administrative initiatives so that AIDS surveillance in Bangladesh soon becomes comprehensive and national.

INDIA

More Reportage on Fight Against AIDS

Discussion in Lok Sabha

91WE0519A Secunderabad DECCAN CHRONICLE
in English 6 Aug 91 p 7

[Excerpt] New Delhi, August (PTI & UNI)—AIDS is slowly spreading in several parts of the country and as on 30 June this year more than 5,000 persons out of 9.50 lakh persons practising high risk behaviour were found HIV positive during screening, the Lok Sabha was informed on Monday.

Of the 5,588 HIV positive cases, 68 have been reported to be full blown AIDS cases, the Minister of State for Health and Family Welfare, Mrs. D.K. Thara Devi Siddhartha told Mr. C. Srinivasan in a written reply.

The Minister said a medium term plan for AIDS control is being implemented by the government with emphasis on increased facilities for early diagnosis and management of HIV infection including establishment of AIDS treatment centres and health education to contain spread of the infection among high risk and vulnerable groups.

In reply to another question from Mr. Amal Datta, the minister said following the ICMR [Indian Council for Medical Research] recommendations, the government has identified and strengthened 13 hospitals for clinical management of HIV infected/AIDS cases in the country.

World Bank Team To Visit

A World Bank team will visit India in October or November this year to finalise a project to control the incidence of Acquired Immune Deficiency Syndrome (AIDS) in the country.

In a written reply to a question by former Lok Sabha Speaker Rabi Ray, Minister of State for Health and Family Welfare D.K. Thara Devi Siddhartha said the World Bank has shown interest in collaborative projects in the field of health, especially in areas such as AIDS control. It has assured the government that it would process such proposals expeditiously.

Maharashtra Tops

Sixty-eight AIDS cases have been reported in the country with Maharashtra accounting for 24 of them, the Lok Sabha was informed on Monday.

The Health and Family Welfare Minister, Mr. M.L. Fotedar, said in a written reply to Ms. S.D.K. Bhandari, that the second highest incidence of AIDS was reported from Delhi (10), and Chandigarh/Punjab and Tamil Nadu 8 each.

No clinical trial has been so far carried out on Human Immune Deficiency (HIV) infected patients to test efficacy of herbal medicines, Mr. Fotedar said. [passage omitted]

Situation in Calcutta

91WE0519B Calcutta THE TELEGRAPH in English
2 Aug 91 p 7

[Article by Barun Ghosh: "5 AIDS Patients in Serious Condition"]

[Text] Calcutta, 1 August—Five of the 17 persons from in and around Calcutta so far found infected by the AIDS virus have developed symptoms of the dreaded disease and are in a serious condition, according to specialists dealing with them.

All of the five, including a prostitute and an intravenous drug addict from Nagaland, are undergoing treatment at the outdoor clinic of the School of Tropical Medicine (STM), which conducts tests on AIDS.

What is more disturbing is that four haemophiliac children are suspected to have contracted the Human Immuno-Deficiency Virus (HIV), or AIDS virus, through "accidental infection," possibly during blood transfusion. They have been kept under close observation.

Dr. Manish Chakraborty, head of the Department of Virology, STM, told his correspondent that the names of the five persons had been kept confidential to prevent panic similar to "when the first AIDS patient died in the city in 1988." He said counselling was being provided to the five at the STM clinic every day.

Dr. Chakraborty said two daily wage earners who had been infected by the virus while working in Bombay were tested HIV positive last year. "They are getting regular checkups at the STM clinic along with three others who have been detected HIV positive this year."

Asked about the children who suffer from haemophilia, he said he had no knowledge about them. However, Dr. Sukumar Mukherjee, head of the department of medicine, Calcutta Medical College, confirmed that the children might develop AIDS in the future.

Government Apathy

The state government is yet to wake up to the problem even after more than 13,000 people have fallen into the high risk group since 1986. The much publicised four-bedded ward for AIDS victims, supposed to be set up at the Medical College, is yet to get off the ground. A sum of Rs 10 lakhs which was sanctioned by the Union government last year for the purpose has not been used by the state government. A further sum of Rs 80 lakhs sanctioned this year by the Centre in collaboration with the World Health Organisation (WHO) "remains unused till date," a state government official said.

He also admitted that surveys, which are considered essential to cope with the dreaded disease, are almost nil in West Bengal. Health workers assigned to conduct such surveys in red light and other vulnerable areas lack the motivations, the official said. "We have no statistics of the people residing in red light areas because no survey has so far been done," he said. "For this reason, we have entrusted some non-government voluntary organisations to carry out the surveys."

Previous attempts by the health department to conduct surveys in red light areas had failed miserably even with the help of the police. "Prostitutes and their customers should be provided with proper counselling instead of coercion by the police," the official, however, felt.

It is learnt that a state AIDS committee has recently been formed with the state chief secretary, Mr. N. Krishnamurti, as its chairman.

Cases in Tirupati

91WE0519C Secunderabad DECCAN CHRONICLE
in English 3 Aug 91 p 5

[Text] Tirupati, 2 August—Eighteen AIDS sero-positive cases were detected in the municipal limits of Tirupati since August 1988.

The municipal health officer announced this at the council meeting, which met here on Wednesday. Of the 51 sero-positive cases detected by the department of S.T.D. and microbiology, SVRR Hospital, 18 cases were in the municipal limits of Tirupati.

The meeting passed a resolution to continue the NMRs who were working in the municipality for the last three years. It also resolved to regularise the NMRs who completed five years of service.

The meeting also resolved to send a Rs. 40 crore master plan for the all-round development of Tirupati to the government for its approval. The municipality would seek a loan of Rs. 30 crore from the HUDCO [Housing and Urban Development Corporation] for the development programmes designed under the master plan.

Mr. V. Muniratnam, Municipal Chairman, presided over the meeting.

Education on AIDS Urged

91WE0519D New Delhi PATRIOT in English 2 Aug 91
p 4

[Text] A high powered team at the All India Institute of Medical Sciences has admitted that this apex referral centre is indeed inadequately equipped to deal with the prevention and cure of the pestilence of Acquired Immune Deficiency Syndrome (AIDS). This is depressing for many who had looked upon the AIIMS [All Indian Institute of Medical Science] as perhaps the only centre which could promise hope to patients who had tested positive for the human immuno deficiency virus (HIV). Recent reports about a pregnant woman who was denied medical assistance at the AIIMS have come as a rude shock and have certainly lowered the prestige of the medical community. The woman patient was refused medical assistance by the gynaecology department on the ground that the special isolation facility of the AIDS unit did not have fool-proof arrangements. The squabbling led to the exposure of further unedifying details—the AIDS unit claimed that it was one of the best in the country and the doctors of the gynaecology department simply failed to perform their duties, leading to immense mental and physical stress for the ill-fated patient. An outside doctor was summoned for this patient, something unprecedented in the history of this hospital. The good news was that a healthy and normal child was born to the mother. The unfortunate event had only reaffirmed the fright attached to this disease to the extent that even doctors are scared to function as doctors. Moreover, the health authorities appear to be inadequately prepared to meet the problems the disease may create. Caught unaware, they choose to put their efforts on defending the indefensible, as it happened in the case of the children who were infected by contaminated syringes through blood transfusion at the NDMC hospital in March this year, in Delhi. The children were suffering from thelasmusia, which requires frequent blood transfusion. To compound their tragedy, for several days the medical personnel and para-medical staff refused to cooperate, due to the imaginary fears associated with the disease. Innumerable programmes have been formulated by health authorities. But mass ignorance and the absence of trained staff and adequate equipment persist. AIDS was a sporadic phenomenon until a few years ago and there was no government support given to private initiatives of some committed doctors and social workers. The information and treatment of the disease was restricted to the few who could afford the expense of treatment. The resolve to tackle AIDS on a war-footing is dying out. Over the years the number of AIDS cases has risen sharply, many victims are infected through blood transfusion. There are still hundreds of such patients whose cases have not even been documented in hospitals or surveillance centres. For instance, among prostitutes in Bombay less than one percent tested positive for HIV in 1987; three years later the number of infected victims rose to 20 percent. Hence, it becomes really necessary that the government

and the medical establishment should launch an intensive campaign to educate the people about the prevention and control of AIDS.

Continuing Fight Against AIDS**Bombay Workshop Discussion**

91WE0553 Bombay THE TIMES OF INDIA
in English 27 Aug 91 p 3

[Text] Bombay, 26 August—By the year 2000, 25 percent of the HIV (Human Immunodeficiency Virus) cases in the world will be from India, cautioned Dr. Ian Campbell, medical advisor to the Salvation Army, at a workshop on "Integrated Management of AIDS" here today.

Dr. Campbell and his team are here in India to focus on measures to be taken to combat the AIDS problem here, which might not be evident right now.

He stressed that an element missing in AIDS prevention programmes all over the world was its influence on communities as a whole. "The effect of HIV is not only on the physical, but other major aspects of life like relationships, spirituality and identity," he said.

Especially in the light of estimations that by 2000 A.D. 85 percent of HIV infections will be through heterosexual transmissions. "It is going to be a part of our normal lives, concerning "us" and we must understand that right now instead of dismissing it as "someone else's problem," warned Dr. Campbell.

The Salvation Army has done much work at the Chikankata hospital in Zambia, using team-work and home-based care as their main tool to combat AIDS, via counselling.

"We worked as a team with the community, who ultimately have to make the vital decision to change and stop the spread of HIV" informed Ms. Margaret Melama, health educator at the Chikankata hospital.

Prevention of AIDS cannot be achieved merely through technology, but needed to be linked to caring. This would be the key fundamental approach, said Dr. Campbell.

A sense of normalcy was essential when dealing with the subject and sharing it with communities and patients themselves.

Hospitals could not be considered the ultimate solution since it was the people, living outside the hospital walls who were in need of attention.

Dr. T. Mahr, speaking on the Salvation Army and AIDS in India, said that the first entry point of his team into the AIDS prevention programme would be via their counselling centre at Mizoram, where AIDS has posed a serious problem and where the team is headed.

Deriding doctors and nurses in India for showing "panic" when faced with an AIDS case, the chairperson of the workshop, organised by the Indian Health Organisation, Dr. R.D. Lele said. "It is stupid and illogical for any member of the medical fraternity to deny treatment to an AIDS patient."

He said voluntary blood transfusions must be promoted to prevent blood from professional blood donors (many of the HIV positive) from being accepted by "unscrupulous blood banks."

Dr. I.S. Gilada, honorary secretary of the I.H.O. [expansion not given] noted that condom usage among prostitutes had increased in the last eight months. IHO mobile van used to distribute five condoms a day eight months back, now, it hands out nearly 4,000 per day, he stated.

However, its actual usage could not [be] monitored accurately. Sharing the problems a counsellor encountered in Bombay hospitals with patients and doctors themselves, Ms. Chitra Subrahmanian, psychotherapist working at the counselling centre at G.T. hospital, pointed out that patients were not given a frank analysis by doctors. "More often than once, I have been told by patients that all they knew about their condition was that they had bad blood," said Mrs. Subrahmanian.

"This creates a fear psychosis, confusing them and not helping them tackle the problem the right way. Some of them don't even know their blood has been tested. Others never see the reports."

Ms. Subrahmanian said this was a more frightening situation since an individual was not given a chance to decide if he wanted to go through the testing, which was his fundamental right.

Moreover, those testing negative were never seen again, despite the fact that they may require to undergo the tests a few months later.

"When questioned, residents, who have been instructed by doctors to counsel HIV positive patients, plead shortage of time," noted Ms. Subrahmanian. She pointed out that if counselling became a part of the medical practitioners duties, with patients prepared before undergoing the AIDS test, there would be less fear involved.

Most Cases in Maharashtra

91WE0553 Madras *THE HINDU* in English 28 Aug 91 p 6

[Text] New Delhi, 27 Aug—Over the last three years there have been 52 known cases of full blown AIDS in the country and 48 of these persons have died. The largest number of cases have been detected in Maharashtra, with Delhi coming a close second.

Nearly one-third of the total number of detected cases in the last three years are in Maharashtra—17 of the total 52—and of these 15 are dead. In Delhi of the total of 10

detected cases, six persons have died. In Madras, 1991 was an AIDS-free year with not a single case detected. There were six cases in Madras in 1989 and two in 1990.

The details of the cases over the last three years, spread over 14 States and Union Territories, were given by Mrs. D.K. Thara Devi, minister of state for health, in a written reply to a question from Mr. Ramdas Agarwal in the Rajya Sabha today. The statistics show that besides Maharashtra (17), Delhi (10) and Madras (eight), Manipur has on record four full blown AIDS cases. Two each were detected in Kerela, Goa and Pondicherry and one each in Chandigarh, Jammu and Kashmir, Gujarat, Uttar Pradesh, Rajasthan, Assam and Andhra Pradesh.

AIDS Deaths, Prevention Measures in Kerala

92WP0020 Calcutta *THE STATESMAN* in English 12 Sep 91 p 9

[Text] Trivandrum, Sep 11—Three persons died of suspected Acquired Immune Deficiency Syndrome (AIDS) in Kerala, the Health Minister, Mr. R. Ramachandran Nair, informed the State Assembly during question-hour today, reports UNI.

Mr. Nair said an AIDS detection centre and a clinic was already functioning at the Trivandrum Medical College Hospital and three more centres attached to the medical colleges in Trichur, Alleppy and Kozhikode had also been sanctioned.

Papers Give Details in Fight Against AIDS

Epidemic Proportions

92WE0032A Madras *THE HINDU* in English 21 Sep 91 p 7

[Text] New Delhi, Sept 20—A World Health Organization update on AIDS in the South East Asian region has sounded the grim warning that the rate of increase of HIV positive cases in Thailand and India between 1987 and 1990 is similar to the earlier stages of its spread in sub-Sahara Africa, where today hardly any household has been left unaffected.

The comparatively small number of detected HIV positive cases (AIDS) in India over the last few years offers no comfort to WHO experts who have prepared an AIDS update for the forthcoming 44th session of the South East Asian regional committee to be held in the Maldives from September 22 to 28. A table of cases in India shows the alarming trend of doubling of cases each year from 1985-1986. At the current rate within two years the annual number of HIV sero positive cases would cross the 10,000 mark.

Long Gestation

What is worse, the percentage of persons testing sero positive, from among the sample screened each year, is also increasing. Between 1989 and 1990, the percentage testing positive went up from 5.6 percent to 12.7 percent.

Experts point out that the enormity of the problem has not yet hit us hard because of the long gestation period before a positive case develops into full blown AIDS. This accounts for the small number of full blown AIDS cases in the country. But with more than 4,500 persons having tested positive already, one could expect a large majority of them to develop full blown AIDS in the next few years.

In 1985-86 only 71 persons of a total sample of just over 27,000 tested positive. By the next year the sample was less than double, and the number of positive cases also went up proportionately to 120. In 1988 this number more than doubled to 467 and then went on to 1,183 in 1989 and 2,674 in 1990. One can easily see that if this trend continues the number of affected persons could be in tens of thousands within a few years.

The very nature of disease and the long period during which it remains dormant ensures that it has a multiplier effect. In Thailand the number of HIV positive cases increased dramatically from about 50,000 in 1989 to 200,000 in 1990. And India, which already has reported the cumulative figure of over 4,500 HIV positive cases, is the second most affected country of the South East Asian region.

Controversy

About a year ago the then Director-General of the Indian Council of Medical Research had stirred up a controversy by stating that by the year 2000 every third housewife in Bombay will run the risk of being infected by the dreaded disease. He had apparently arrived at this alarming conclusion by projecting the available figures and by looking at other relevant factors like poor nutritional levels of the people and poor sanitation.

In the South Asia Region countries while HIV-1 is the dominant type of infection, some cases of HIV-2 have been reported from Maharashtra and one case from Sri Lanka. It has also been established that in India the disease has been transmitted heterosexually.

A more recent cause of worry is the pattern of the disease in Manipur, where it seems to be widespread among intravenous drug users. Of the 2,455 such cases tested, 1,073 (43.7 percent) tested positive. And it has quickly spread to other sections of society. In the small state of Manipur alone as of January 31 this year there were as many as 1,135 positive cases.

The WHO has stated in this update that in three countries of this region—Thailand, India and Myanmar—the disease is in epidemic form. The financial, manpower and logistic constraints in the countries of this region, combined with poverty and lack of adequate nutrition and sanitation could lead to a very rapid advance of AIDS.

Serious Consequences

India is to implement a medium term plan to control the scourge of this century. All the countries of this region have been advised to intensify education and information activities related to AIDS. In some countries such information is included in the school curriculum. The WHO has also been emphasizing that AIDS must be seen as an 'emerging' health problem in this region with unimaginably serious consequences. It has suggested that medical and public health professionals be trained to manage and control AIDS and workshops be organized for practicing physicians.

Four international training courses for clinicians and nurses were supported by the WHO and organized at Sydney in Australia but the total number of people trained at these courses is very small—six clinicians and nurses each from India, three each from Thailand, two each from Indonesia and one each from Myanmar, Bangladesh and Nepal. Although Sri Lanka as yet has reported only a total of 31 HIV positive cases, it sent four clinicians and three nurses for training.

The management committee of the WHO's Global Programme on AIDS has appointed an external review committee to make a worldwide appraisal of AIDS control programmes. The review team visited India in June and its report will be placed before the next Global Management Committee.

Increase in Uttar Pradesh

92WE0032B New Delhi PATRIOT in English
2 Sep 91 p 5

[Text] Kanpur, Sep 1 (UNI)—The number of AIDS-victims is increasing in Uttar Pradesh. In the State so far 109 AIDS positive patients have been identified compared to only two AIDS-patients about two and half years ago.

This was stated by Uttar Pradesh Health Minister Dr. Dinesh Jauhari at a press conference here yesterday.

The State Government had sought the World Health Organization (WHO) assistance to combat the AIDS menace. Mass awakenings against the disease would be created by seminars and symposia on "AIDS" in different medical institutions, the minister said.

The WHO has sent its technical experts and finances for the AIDS awareness programmes, Dr. Jauhari said and added that the vulnerable spots, known for spreading the disease, were being identified.

More on Manipur

92WE0032C Calcutta THE STATESMAN in English
29 Aug 91 p 7

[Text] The outbreak of Manipur AIDS is gradually taking a virulent form with nine deaths reported in which succession during the past few months. The State Government fears that this toll among drug-addicts

might rise substantially as there are nearly 1,500 AIDS positive cases that have already been identified. The National Institute of Cholera and Enteric Diseases [NICED] based in Calcutta, a body affiliated to the Indian Council for Medical Research, has been helping the Health department in Manipur to identify the cases and suggest remedial measures. Dr. S. Pal, NICED director, said in Calcutta on Wednesday that the "disease was fast manifesting itself and the death toll was likely to go up because AIDS antibody has already been found in 1,500 addicts".

There are nearly 15,000 drug-addicts in Manipur who are in the habit of injecting a solution of brown sugar in their body thrice or four times a day. Of them, nearly 50 percent or 7,500 are suspected to have received the AIDS virus. Till now, Eliza and Western Blot tests have traced the AIDS antibody in 1,500 addicts. The presence of AIDS antibody does not necessarily mean that the person is carrying the virus. But past experience has shown that nearly 50 percent of the people who have the AIDS antibody later suffer from the full-blown disease. It often takes years for the fatal ailment to surface.

Dr. Pal said quite a few among those who have died showed signs of tuberculosis as was customary among AIDS victims in Third World countries. In the developed worlds, AIDS patients often had outward symptoms of diseases like pneumonia. He regretted that efforts to detoxify addicts or to ensure that they give up their addiction had not yielded much result as yet. Most addicts were still adhering to the unhygienic practices like injecting the heroin solution into their blood-stream with homemade syringes that were basically ink-droppers with needles, which were not sterilized, attached to them. Boiled water was never used for the solution by the addicts which made them even more susceptible to diseases.

Several international organizations have sympathized with victims of the Manipur tragedy. The World Bank, World Health Organization and the UNDP have expressed concern and are interested in funding schemes to ameliorate the condition in which the AIDS-infected addicts find themselves.

Campaign in Tamil Nadu

92WE0032D Madras *INDIAN EXPRESS* in English
4 Sep 91 p 2

[Text] Madras, Sept 3—An intensified education campaign, as part of WHO-assisted AIDS prevention programme, will soon get under way in the State, with its focus on measures to check the spread of AIDS.

The state government has received Rs 1.5 lakh as the first installment of a total of Rs 15 lakh allotted this year to Tamil Nadu under the programme that will end in 1995, Health Department special secretary C.K. Gariyali said on Tuesday.

Target groups—students, workers, drivers, prostitutes and other sections—will be educated on AIDS prevention, for the first time the focus will be on explicit prevention methods—such as the use of condoms. Officials are now gauging the manner in which they will respond to such material, explained Dr. K.M. Radhakrishnan, deputy director of Medical Education (planning and development).

In an interactive session with media persons, he said the state could lose to time in launching such a campaign. About 1000 HIV-positive cases had been reported in the state so far, apart from 11 full-blown AIDS case and 2 deaths, said MMC medicine professor Jayakar Paul. Prostitutes constituted the largest high-risk group.

Of the 1.1 lakh blood samples tested at MMC, 738 had been found positive by the preliminary ELIZA test and 467 by the confirmatory Western Blot test, said Venereology Asst. Prof. K. Kantharaj.

Since many of these positive cases had been accounted for by prostitutes from various parts of the state, it could not be said that the AIDS threat was restricted to Madras.

Under the WHO-assisted programme, AIDS-testing facilities would be provided to all 608 blood banks in the country in the government sector, according to WHO AIDS consultant J.R. Shankaran. So far, only 118 had been provided with such facilities. Many of the 410 registered private blood banks would also have to be covered, though a system had been evolved for sending their blood samples to the government hospital blood banks equipped with this facility.

Apart from ensuring the safety of blood supplied by banks, the programme will also strive to strengthen surveillance, improve technical facilities available and develop professional skills at various levels in the management of cases. Hospital infection-control measures would also be tightened.

While surveillance is being stepped up with the distribution of AIDS testing kits, many districts which did not have these facilities would be eventually covered.

Those who briefed news persons on various aspects of the new campaign included Dr. P.K. Dharmalingam, STD Professor, MMC, Dr. Sunderraman, a social worker, and Dr. Sugavanam, Blood Bank Officer, Royapettah Hospital.

Study on HIV-2

92WE0032E Bombay *THE TIMES OF INDIA*
in English 4 Sep 91 p 3

[Article by Conrad Prabhu]

[Text] Bombay, Sep 3—An expert team of the World Health Organization (WHO) was in the city last week to

assess the hazards posed by the AIDS-causing HIV-2 viral strain, recently discovered on the national health scene.

The visit is part of a stocktaking mission that will take the team to major towns with significant concentrations of HIV-infection cases. The objective is to assist the health authorities in devising an effective response to the emergent HIV-2 strain.

The manifestation of the HIV-2 virus, long believed to be confined to West Africa, has caught Indian AIDS researcher off guard, especially as the current anti-AIDS campaign is geared exclusively towards combating the HIV-1 strain, hitherto the chief cause of the AIDS in India.

Screening procedures adopted by surveillance centers and blood banks throughout the country are not designed to detect the HIV-2 strain in blood samples.

According to Dr. A.M. Mehta, assistance director of health services (Bombay), between 25 and 30 blood samples from persons with high risk behavior in the city, showed an initial reactivity to HIV-2 tests, but confirmed positivity for HIV-2 was reported in just two cases.

These figures admittedly do no reflect the true picture of HIV-2 prevalence. There is no adequate diagnostic kit for HIV-2 testing. Some kit has been made available to referral centers like the national Institute of Virology, Pune, and the Institute of Immuno-Hematology, Bombay.

More than eight months have elapsed since two city researchers made the startling revelation that HIV-2 antibodies were found in the blood samples of two patients. Studies conducted by a German research Dr. Helga Rubsamen-Waigmann at the University of Frankfurt in collaboration with city experts have since helped shed more light on the prevalence of HIV-2 in the city.

Out of the 193 blood samples drawn from suspected carriers in the city for the purpose of the study, nine proved positive for HIV-2, while 29 sera were positive for both HIV-1 and HIV-2. Another 62 samples indicated HIV-1 antibodies. Dr. Rubsamen-Waigmann's findings were presented at the recently concluded international conference on AIDS held at Florence in Italy.

One grim conclusion drawn from the study is that, unless screening procedures are supplemented with HIV-2 specific kit, persons from high risk groups testing negative for HIV-1 can potentially be HIV-2 carriers and yet be unaware of this fact.

Some city researchers are critical of what they describe as the government's sluggish response to the menace on the AIDS front. The Indian Health Organization (IHO) has decried the lack of HIV-2 testing kit which, it asserts, should have now been made available to all surveillance centers and blood banks.

Even more disconcerting is IHO's claim that the Union health authorities had been alerted, in 1989, about the outbreak of HIV-2 infection in India, but chose to do nothing about it.

According to the IHO honorary secretary, Dr. I.S. Gilada, the prominent French researcher, Prof. Luc Montagnier who co-discovered the AIDS virus, had warned Indian health officials that screening for both HIV-1 and HIV-2 was urgently needed in view of the discovery of HIV-2 antibodies in some Indian sera. Dr. Gilada says Prof. Montagnier reiterated this claim when he met him in Paris on June 21.

The IHO has, for some time now, been campaigning for HIV-2 screening of high risk groups in tandem with HIV-1 testing. The organization had raised the issue about the HIV-2 outbreak at the Zambia conference on sexually transmitted diseases held in March, and also with WHO officials.

Health officials however maintain that HIV-2 positive cases first came to government's attention only about a year ago. According to Dr. Mehta, samples analyzed for HIV-2 antibodies have not been comprehensive enough yet to indicate a significant prevalence of this viral strain.

The supply of test kits for HIV-2 screening, he asserts can only be arranged once a pilot study to determine the prevalence pattern of the deadly virus is conducted.

This view is also echoed by Dr. S.V. Apte, officer-in-charge at the Institute of Immuno-Hematology, who points out that large-scale screening for HIV-2 can only be facilitated once a rational and scientific basis is established for launching such an expensive venture. With HIV-1 as the predominant causative factor for AIDS in the country today, it is inevitable that emphasis is being given to HIV-1 screening, he notes.

HIV-2 antibodies were first discovered in sera analyzed at the institute, in April this year, according to Dr. Apte.

Meanwhile, it is learnt that WHO's global programme on AIDS is putting together a combined test kit for HIV-1 and HIV-2 screening, to be made eventually available to all countries reporting a high incidence of both viral strains. Dr. N.K. Shah of WHO's regional office recently informed IHO that the dual test kits would be supplied to India next year.

According to WHO studies, HIV-2 is still largely confined to sub-Saharan Africa, but HIV-2 infected persons have been sporadically identified in other parts of the world, mainly in people who have originated from West Africa or have had sexual contacts with West Africans.

HIV-2 is transmitted in much the same way as HIV-1. However, the period between infection and the onset of AIDS is longer for HIV-2.

Since the prevalence of HIV-2 infection is low in parts of the world other than West Africa, most countries, it is learnt, have decided not to test blood routinely for HIV-2 antibodies.

Rao Calls for Action

92WE0032F Bombay THE TIMES OF INDIA
in English 11 Sep 91 p 12

[Text] New Delhi, Sep 10—Concerned about the spread of the dreaded Acquired Immuno Deficiency Syndrome (AIDS) in the country, the Prime Minister, Mr. P.V. Narasimha Rao, has directed the health ministry to prepare a foolproof action programme whereby a close tab can be kept on the target groups.

Convening a meeting here of health ministry officials and representatives of non-governmental organizations, (NGOs), Mr. Rao underlined the need for "preparing a plan" so that AIDS did not assume alarming proportions in the country.

He assured that once the blue-print for a multi-pronged action to contain the spread of AIDS was ready, the government would make sure that the necessary resources were made available. "I will ask the planning commission to provide the necessary outlay for implementing the action plan," the Prime Minister added.

Mr. Rao recalled that four years ago when there was a proposal to launch a campaign to create awareness about AIDS, there was wide-spread criticism saying that the effort would be wasted as AIDS was not prevalent in the country and, on the contrary, the government should concentrate on tackling other tropical diseases.

The Prime Minister was given a presentation on AIDS and informed that while there were no exact figures, 95 full-blown cases had been reported. According to the estimates of the World Health Organization, there were anywhere between 100,000 to 250,000 HIV-positive cases in India. What was alarming was the fact that in south and south-east Asia alone, there could be one million HIV-positive cases.

Mr. Rao was also told that there was a bill in this regard which had been shelved and it was time to give serious thought to passing it.

It was pointed out that surveillance of AIDS was first started in the country in 1985. Prevalence of the disease was first reported in 1966 and the first full-blown case of AIDS was detected the next year.

Thereafter, the government activated its machinery and now has a process of screening people suspected to be carrying the disease. One million people have been screened and the number of HIV-positive cases reported so far were 5,632. The doctors admitted that these figures by themselves need not reflect the magnitude of the problem.

The areas affected by AIDS were Tamil Nadu and Pondicherry which accounted for 26 percent of the cases, Maharashtra which topped the list with 33 percent followed by Manipur and Nagaland with 24 percent each. The capital had an incidence of eight percent.

The government was establishing surveillance centers and also testing the blood before transfusions. Already 35 testing centers had been set up to screen blood. Simultaneously, a close watch was being kept on the target groups or carriers of AIDS, namely, blood donors, prostitutes and drug addicts.

IRAN

Status of AIDS Detailed

91AS1388Z Tehran JAHAN-E ESLAM in Persian
3 Aug 91 p 2

[Text] The world of advanced science is still incapable of curing AIDS.

As the advanced Western nations strive for greater scientific success in various areas, AIDS is still the most deadly and painful disease, seriously threatening the health of the people of America and Europe. Every day it takes many victims, to the point that the very word AIDS signifies a painful death to those afflicted.

One of the primary factors in the transfer of the AIDS virus is sexual contact between a healthy person and a person afflicted with this disease. For this reason, countries having no ethical or sexual standards are acutely confronted with this problem.

In any case, the spread of this disease in the Islamic nations, who are better protected against the AIDS problem because of their religious culture, is worrisome. In Iran at first there was only one AIDS victim in 1366 [31 March 1987 - 20 March 1988], then two in 1367 [31 March 1988 - 20 March 1989], seven in 1368 [31 March 1989 - 20 March 1990], then 16 in 1369 [31 March 1990 - 20 March 1991], and in the first three months of 1370 alone [21 March - 21 June 1991] the number of AIDS victims has reached 851, and these figures in themselves show more than ever the necessity of taking the necessary measures to prevent the spread of AIDS in Iran.

Last Tuesday at a press conference Dr. Bizhan Sadrizadeh discussed the current status of AIDS in Iran. He said: The Ministry of Health Care, Treatment and Medical Education has prepared a program for preventing the spread of AIDS in Iran and presented it to the Council of Ministers. If it is approved, foreign citizens afflicted with AIDS will be prevented from entering Iran.

Based on this program, foreign citizens who plan to stay in Iran more than three months must undergo a medical examination, and if they are certified free of the disease they may stay in Iran, otherwise they will be prevented from coming into the country.

It is hoped, with favor from the Council of Ministers and the approval of this plan, that an effective step will be taken to prevent the spread of AIDS in the country.

Dr. Sadrizadeh noted that the AIDS virus has a long period of dormancy, and sometimes the AIDS symptoms do not appear for up to ten years. He warned those travelling outside the country that AIDS is waiting for them and that only the observation of health care and security precautions can be effective in preventing contracting the AIDS virus.

In the same regard, the media will try to inform society more than before about the dangers of AIDS, and it is necessary that the insiders in the Ministry of Health Care, Treatment and Medical Education create the necessary protection in society by publishing information about this dangerous disease.

Health Minister Notes 400 People Carry AIDS Virus

LD2209184891 Tehran IRNA in English 1702 GMT 22 Sep 91

[Text] Khorramabad (Lorestan) Sep 22, IRNA—Health Minister Dr. Reza Malekzadeh on Sunday warned of the dangers of the rapidly growing population. However, Malekzadeh said, the growth rate of population has dropped from 3.9 percent in 1986 to 2.85 percent according to a report released by the Civil Status Registration Organization.

"But birth control and population growth in our country has not yet reached a desired level," Malekzadeh told reporters. He called for elimination of some social privileges that will encourage an increase in the number of births. The health minister also referred to his ministry's readiness to employ Iranian experts living abroad who have a clear political background.

He said 400 people have been diagnosed as positive carriers of the AIDS virus in Iran, and most of them were afflicted with the deadly disease through transfusion of contaminated blood derivations. Iran is immune, to a larger extent than other countries, from the spread of AIDS mainly due to its commitment to religious laws and ethical values, the health minister said. He, however, called for education of people to protect themselves from the killer disease, as an effective means of fighting AIDS. Testing arriving passengers and quarantining those tested positive are among measures being studied by the Health Ministry to prevent the spread of AIDS, he said.

ISRAEL

AIDS Virus Growing Among Heterosexuals

TA2410152491 Tel Aviv DAVAR in Hebrew 24 Oct 91 p 1

[Report by 'Ezra Hen]

[Text] Over half of the people found to be carrying the AIDS virus in Israel over the past two and a half years do

not belong to "high-risk groups," in other words, homosexuals or intravenous drug addicts, DAVAR was told by Professor Ze'ev Handzel, head of the Clinical Immunology Department at Kaplan Hospital in Rehovot.

Some 100 new AIDS carriers are discovered annually. Contrary to previous years when over 75 percent belonged to the high-risk groups, in 1989, 1990, and in the first half of 1991 it became clear that their numbers have declined significantly and that they now make up less than half of the new carriers.

"The sickness is definitely penetrating slowly into the heterosexual population, although very slowly; that is a clear conclusion from the data," Prof. Handzel said. "It is worthwhile mentioning again that in addition to the carriers known to us there are people who were tested for the virus but do not admit it and do not think they should be checked since they do not belong to the high-risk groups."

Prof. Handzel said that the drop in the number of carriers belonging to the high-risk groups is also because more are avoiding being tested.

MOROCCO

Extent of AIDS Epidemic in Country Assessed

92WE0005A Rabat L'OPINION in French 2 Sep 91 p 5

[Article by the National AIDS Program in conjunction with the National AIDS Committee and the Directorate of Epidemiology and Health Programs, Ministry of Public Health: "AIDS Epidemiology in Morocco"]

[Text] AIDS is a pandemic disease that poses a great threat to humanity in the last years of the 20th century. No country has been spared. It is increasing rapidly and nothing seems to stop it.

Morocco too has been hit by this modern-day scourge. So far, ours is one of the countries least affected by the disease. But it remains vulnerable because of its geographic position as a bridge between Europe and Africa, its tourism industry, and the existence of a large Moroccan community abroad, particularly in Europe.

The disease is spreading rapidly in Morocco, at the same rate as that seen in European countries, notably France.

As of 30 June 1991, the Sexually Transmissible and Dermatological Diseases Service of the Directorate of Epidemiology and Health Programs had documented 86 cases of AIDS, 23 cases of AIDS-related syndrome, and 77 cases of asymptomatic transmission since the HIV1 virus infection first entered the country.

Epidemiological Statistics

The malady exhibits a Western epidemiological profile in our country. The majority of victims are males (86 percent) and a large percentage belong to high-risk groups (50 percent).

The average age of patients is about 33.5.

The disease entered Morocco from abroad, but quickly established an indigenous base.

The prevalence of the various modes of transmission is as follows:

High-risk groups:

- homosexual: 11 cases, 12.8 percent;
- bisexual: 5 cases, 5.8 percent;
- intravenous drugs: 17 cases, 18.7 percent;
- homosexual + intravenous drugs: 5 cases, 5.8 percent;
- perinatal: 5 cases, 5.8 percent.

Other groups:

- heterosexual: 25 cases, 29 percent;
- transfusion-related: 9 cases, 10.4 percent;
- unknown: 9 cases, 10.4 percent.

Out of the 75 cases where the etiology is known, 54 of the 86 AIDS victims have died [as published].

Of those stricken with AIDS, 12 are women (almost 14 percent of the total), a proportion close to what is seen in France (16 percent).

In France and Europe, the most common mode of transmission to women is intravenous drug abuse. In Morocco, heterosexual transmission is more prevalent.

The five children who have contracted the disease are all males, and three of them are deceased. Their ages are 8 months, 9 months (two children), 18 months and 2 and ½ years. They represent 5.8 percent of the total. This percentage is almost three times as high as corresponding figures for France (2.6 percent) and Europe (2.4 percent).

The mode of transmission to children is vertical, i.e., mother to fetus.

The percentage of opportunistic infections observed among our AIDS victims is about 76.7 percent (66 cases); the incidence of malignancies is 22 percent (19 cases).

Tuberculosis is common among our patients, having been observed in 19 cases (about 22 percent of the AIDS victims), a percentage close to the average for developing countries.

Sero-epidemiological studies undertaken thus far indicate HIV2 is virtually nonexistent in Morocco.

AIDS and Transfusion

Nine cases of post-transfusion AIDS have been recorded, of which five were acquired abroad, notably in France. Most of those infected by transfusion contracted the virus prior to 1988. Six of them are dead. We note that since March 1990 the country's 37 blood transfusion centers have maintained a perfect safety record.

Analysis

So far Morocco has not been hard hit by the malady, but it is dangerously exposed. Its present situation is comparable to what prevailed in 1982 in France, where today AIDS victims number in the thousands. This is why energetic and rapid action is needed, if our country is to avoid being faced several years from now with the serious problems now prevalent in many other countries, particularly in Africa.

The indicators leading us to conclude the epidemic is increasing in Morocco are as follows:

- The cumulative number of AIDS cases is almost doubling each year;
- The illness is no longer confined to high-risk groups but is beginning to spread to the general population;
- The epidemiology has become established locally, after having at first been an imported epidemic.

PAKISTAN

AIDS Spreading Rapidly

91AS1280A Lahore NAWA-I-WAQT in Urdu 10 Jul 91
p 3

[Article: AIDS Patients Increasing“]

[Text] Islamabad (Staff Reporter)—According to reliable sources, the disease of AIDS is spreading rapidly in the country. The number of AIDS patients in Pakistan has increased from 60 to 100 during the last few months. Less than 5 percent of these may survive. It is reported that doctors have been working very hard to save the lives of AIDS patients in various hospitals; however, their efforts have been unsuccessful so far. The existence of AIDS in Pakistan was discovered about 10 years ago when a foreigner had visited Karachi. The foreigner established relationships with several females during his stay in Karachi and spread this disease. The sources revealed that the government was considering some emergency actions to control the spread of this disease. According to the sources, sexual permissiveness is helping spread the sickness. The government is also considering banning sexual activities in all the “red light” districts in the country in order to eradicate AIDS.

AIDS Figures Said To Increase

*LD1909150591 Moscow TASS in English 1342 GMT
19 Sep 91*

[Article by TASS correspondent Lubov Dunayeva]

[Text] Moscow September 19 TASS— Central control over the spread of AIDS in the USSR has been lost because the republics have stopped providing information to the all-union anti-AIDS center, chairman of the anti-AIDS association, Doctor Vadim Pokrovskiy told TASS. He said the AIDS situation cannot be monitored by the Moscow center either as it has limited possibilities. Many AIDS-infected people are travelling all over the country without any control. This must cause serious concern, he said.

It would be foolish to expect the spread of the disease to slow down, says Pokrovskiy, who also heads a specialised

anti-AIDS laboratory of the Central Epidemiological Research Institute of the Soviet Health Ministry. Without a central body, even those small anti-AIDS allocations will be spent irrationally. Moreover, bank accounts for importing medicines have been frozen, he said.

This can result in an uncontrolled AIDS spread, mostly in hospitals. The United States is allocating a thousand times more than the Soviet Union to the fight against AIDS, and still there were a hundred thousand AIDS deaths in the last ten years there. One can hardly imagine what's in store for this country, Pokrovskij warned.

Officially there are 665 AIDS-infected people in the country today, among them 290 children. But specialists believe the real number is ten times higher. Most AIDS-sufferers became infected in hospitals between 1988-89.

BELGIUM

Quarterly AIDS Statistics Published

91WE0529A Brussels LE SOIR in French 23 Aug 91
p 17

[Article: "Three HIV Positive Cases Found Daily in Belgium"]

[Text] Although the most recent prevention campaign filled the screens all summer long and others are planned (including using the BD [expansion not given] as support), the Institute of Hygiene and Epidemiology (IHE) is releasing the latest figures on the progression of AIDS in Belgium. The total number of cases by 30 June was 896, an increase of 44 since the previous quarterly report.

Reality: Triple Official Figures

A total of 6,864 HIV positive cases have been detected, meaning that the incidence of the disease remains stable. On the average, three new HIV positive cases are found daily. However, experts estimate that the actual number of HIV positive cases is triple the official figure inasmuch as many people are unaware that they are carriers.

Among the 896 cases of AIDS (including 481 Belgians), 431 deaths (216 Belgians) have been reported and 103 persons have vanished. Half of the patients known to reside in Belgium live in Brussels or the surrounding region.

An examination of patients of Belgian nationality shows that half of the adults fall into the 20-39 age bracket. The ill include 11 children. The proportion of men to women is 5.9 to 1. Homosexuality and bisexuality remain the main risk factor: A reading of IHE records shows that 67 percent of all cases among male adults are related thereto. Heterosexuality is identified as a risk factor in 33 percent of all adult cases (24 percent among men and 60 percent among women).

51 Percent Belgian

For the 6,864 confirmed HIV positive cases, information relating to sex and age is available on 5,892: 71 percent are men. The 25-29 age bracket takes in 23 percent of all cases, 19 percent of them men and 27 percent women.

For 3,366 persons of known nationality, Belgians comprise 51 percent of all cases, compared with 33 percent Africans.

According to the latest figures from the World Health Organization (WHO), Belgium ranks ninth among European countries hit by the disease, with an incidence of 8.6 per 100,000 inhabitants.

Switzerland, which holds the dubious record, has a rate of 26.8 per 100,000 inhabitants. France, Italy, and Spain are not far behind, registering 14,449, 9,053, and 8,199 reported cases of AIDS.

DENMARK

AIDS Epidemic Feared in Greenland; Nine New Cases

91P20490A Copenhagen BERLINGSKE TIDENDE
in Danish 10 Sep 91 p 4

[Ritzaus News Agency report: "Fear of Greenland AIDS Epidemic"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Nine new cases of HIV infection in Greenland—five of them women. Danish researchers are now proceeding systematically with a study of why it seems that HIV infection spreads more quickly in Greenland than in Denmark. Researchers fear a real AIDS epidemic in Greenland where 32 cases have been diagnosed in all.

One of the theories researchers will test is whether the HIV virus destroys the immune systems of Greenlanders more quickly and makes them more vulnerable.

An HIV-positive individual will gradually become more vulnerable as the body's immune system breaks down. Experience from Africa shows that the disease breaks down the body's defense system more quickly there. At present, analysis in Greenland points in the same direction, says Dr. Mads Melbye of the National Serum Institute.

According to the doctor another explanation could be that gonorrhea and syphilis are very widespread in Greenland and that raises the risk of becoming infected with HIV because open wounds on sexual organs make it easier for the virus to enter the body.

Mads Melbye says that the speed with which the disease is spreading in Greenland is very troublesome. The fact that the disease in Greenland is a heterosexually transmitted disease also worries the doctor, especially since the disease came to Greenland later than to Denmark.

Five of the nine Greenlanders who have been diagnosed with the HIV virus this year are women. And Mads Melbye fears that there could be talk of a real epidemic if the infection cannot be successfully contained.

IRELAND

Health Department Gives Statistics on AIDS

91WE0511A Dublin IRISH INDEPENDENT
in English 26 Jul 91 p 5

[Article: "85 Die From AIDS"]

[Text] AIDS has killed 85 people in Ireland and 207 full-blown cases have now been diagnosed, according to the latest Department of Health figures.

Those who have died include 30 homosexuals or bisexuals, 23 intravenous drug users, 11 haemophiliacs, five

heterosexuals and six babies born to intravenous drug abusers. A total of 1,101 cases of HIV infection have also been diagnosed.

Rise in Heterosexual AIDS

91WE0551 Dublin IRISH INDEPENDENT in English
14 Aug 91 p 2

[Text] The number of heterosexuals in Ireland who have become infected with the AIDS virus has increased by 44 percent in the 12 months since June of last year—the biggest rise in any group, the organisation Aidswise claimed last night.

Aidswise director Ger Philpott said 101 heterosexuals were now HIV positive but this sector of the population was still failing to fully realise the extent of the infection risk.

The organisation is to conduct a poster campaign aimed at various risk groups, starting with the gay population who, along with drug users, have the highest incidence of infection.

The blunt poster message will aim to bring home to homosexuals the need to use a good quality condom. Phone numbers of organisations to contact will also be included.

Mr. Philpott said he hoped the posters, which will be distributed to restaurants, pubs, galleries and other public venues, would prompt debate on the subject.

"It is important to give people all of the information necessary to enable them to make their own responsible and informed decisions," he said.

NORWAY

Law Proposed on Testing, Isolation of HIV Patients

91WE0482A Oslo AFTENPOSTEN in Norwegian
5 Aug p 5

[Article by Liv Hegna: "More Compulsion in New Law on Infection Prevention"—first paragraph is AFTENPOSTEN introduction]

[Text] HIV patients can be compulsorily examined and isolated up to seven days in the hospital. That will be the upshot should the Storting follow the recommendations of a hearing held on a new law concerning prevention of infection. HIV-positive individuals are protesting.

The Storting will also take a stance on whether doctors should be made responsible for tracking down infectious sources, whether the right of confidentiality could be suspended in given circumstances, and whether the HIV-infected can be denied a passport for six months.

The Norwegian Physicians' Association, in its hearing statement, announced a proposal for a law on compulsory treatment. The conclusions of the round of discussions are now in department hands. A draft of the law is expected to be laid before the Storting next spring.

The new law replaces eight earlier health laws and paves the way for giving HIV-positive individuals a legal status comparable to others with infectious diseases. The infection prevention provisions in the law represent a distinct tightening up in comparison with earlier laws.

Compulsion

The interest organization for HIV-positive individuals in Norway, PLUSS, in its statement rejected the proposed law on mandatory isolation in the hospital, and called it "hospital prison," referring to the penal code's potential reaction with regard to individuals who knowingly spread the disease.

The Physicians' Association states that mandatory hospitalization in isolation for up to seven days should only be used with the greatest reservation. The Physicians' Association meanwhile contests the Social Services Department's reservations concerning compulsory treatment. The Physicians' Association feels that it is unreasonable to hold this back, "since in future situations it could be very important."

A number of voluntary organizations expressed skepticism over the provisions which open the way for a breach of the right of confidentiality for health personnel in the case of serious infectious diseases. PLUSS maintains that the legislation threatens the confidentiality between health personnel and the public. PLUSS asserts that the active pursuit of infectious sources permitted by the new law would result in a danger of persecution of selected population groups.

The professional organizations think just the opposite: Where there is danger of transmission of a dangerous infectious disease, it is too weak and legally vague for doctors, nurses, and midwives, if it merely states a concerned party 'may' give information, say the Physicians Association. It is insisting that the legislation read 'must'.

PLUS reacted also to the six month denial of a passport and the prohibition on travelling out of the country. Some of the participants in the hearing feel that a six months denial of a passport is extreme, and that three months is sufficient.

Methods of Infection

The Physicians' Association is holding a discussion about blood banks, donor selection, and bone marrow transplants in connection with the risk for serious contagion. Various hospitals also pointed this out in their hearing statements:

"Hospital contagion is a large and serious problem. Many infections can be prevented with the aid of various

types of infection-preventing measures, and this ought to be integrated into the body of the law in a much clearer way," wrote the Rigshospital in its hearing statement. Haukeland Hospital wrote that the law should stipulate in a much stronger way the responsibility of the hospital in preventing hospital contagion, to the extent that it can through hiring practices.

"We know that approximately 50,000 people every year pick up infectious diseases in hospitals. American studies show that a percentage of those afflicted die," the Radium Hospital stated in its hearing statement on the new infection prevention law. AFTENPOSTEN has learned that it will be nine months before the drafting of the legislation is finished.

UNITED KINGDOM

Heterosexual AIDS Epidemic in Shires

92WE0016 London THE DAILY TELEGRAPH
in English 20 Sep 91 p 6

[Text] An epidemic of heterosexually-contracted AIDS has begun in the shire counties, Oxford Regional Health Authority said yesterday.

It reported 549 HIV cases in the region covering Oxfordshire, Buckinghamshire, Northamptonshire and Berkshire, an increase of 71 over the previous year. This included 64 people infected through heterosexual intercourse—a "very concerning" development, said Dr Richard Mayon-White, the region's epidemiologist.

"There is no doubt the heterosexual epidemic has begun. We are not talking about jet-setters and ... people who live in council houses. This is across the board. It is affecting anyone who is sexually active."

The report, to be considered by authority members today, shows that 135 people in the region have developed full-blown AIDS, 24 more than in the previous year.

"It is not the result of promiscuity that is affecting people outside the known high-risk groups of homosexual men and drug-users," said the doctor. "People are transmitting the virus without knowing it."

"If people do not start heeding the messages about having safe sex, this will pose a major threat to public health. We are not saying people should abstain from having sex. It just can't be stressed too highly how effective the use of a condom is in the reduction of the transmission of HIV."

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